

**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: Hurst State: TX  
 ZIP: 76053 Country: USA  
 Latitude: 32 47'49.22N Longitude: 97 08'45.84W  
 (Enter in decimal degrees or degrees:minutes:seconds)

**Accident/Incident Date/Time**

Date: 12/19/2025 Local Time: 08:25  
 mm/dd/yyyy HH:MM  
 Time Zone: CST

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

**AIRCRAFT INFORMATION**

Registration Number: N505TZ

Manufacturer: Bell Helicopter

Model: Bell 505

Serial Number: 65012

Year of Manufacture: 2,017

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

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

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

Maximum Gross Weight: 3,680 lbs.

Weight at Time of Accident/Incident: 2,950 lbs.

Number of Seats: 5 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 3

Number of Engines: 1

**Category of Aircraft**  
 (Select one)

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

**Type of Airworthiness Certificate**  
 (Check all that apply)

- Standard**  
☒ Normal  
☐ Aerobatic  
☐ Balloon  
☐ Commuter  
☐ Transport  
☐ Utility  
☐ Certificate of Authorization or Waiver (COA)  
☒ None
- Special**  
☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Special Flight  
☐ Experimental  
☐ Special Light-Sport  
☐ Experimental Light-Sport  
☐ Unknown

**Landing Gear**  
 (Check all that apply)

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

**Engine Type (Select one)**

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

**Fuel System Type (Reciprocating)**

- ☐ Carburetor ☐ Fuel Injected

| Engine | Engine Manufacturer | Engine Model/Series | Engine Serial Number | Date of Mfg.<br>(mm/dd/yyyy) | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> Lbs. of Thrust | Total<br>Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|----------------------|------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|---------------------|
| Eng. 1 | Turbomeca/Safran    | Arrius 2R           | 54102                | 06/15/2023                   | 505                                                                                                   | 1,159                    | 44                                   | 1,159               |
| Eng. 2 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 3 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 4 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |

**Last Inspection Type**

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

Date of Last Inspection: 12/09/2025  
 mm/dd/yyyy

Airframe Total Time: 2,280.9 hrs

Hours measured at (Select one)

☐ Last Inspection ☒ Time of Accident/Incident

**Type of Maintenance Program (Select One)**

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

**Description of Fire Extinguishing System**

- ☐ None  
☒ Specify: Cockpit Handheld

**Additional Equipment**

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

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

ELT Installed: ☒ Yes ☐ No If Yes:

ELT Manufacturer: ACK

Model or Part No.: E-04

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)  
☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT activate? ☐ Yes ☒ No

If activated: Did ELT aid in locating aircraft? ☐ Yes ☒ No

If not activated: Indicate Reason: ☐ Impact Damage

☐ Fire Damage ☐ Battery Expired/Damaged ☒ Unknown

**Propeller 1**

- ☐ Fixed Pitch  
☒ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: Bell/Textron

Model: P/N-206-015-001-119 M/R Blade

**Propeller 2**

- ☐ Fixed Pitch  
☒ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: Bell/Textron

Model: P/N-206-015-001-119 M/R Blade

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Registered Aircraft Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Fractional Ownership Aircraft:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Name: <u>Bell Textron Inc</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| City: <u>Fort Worth</u> State: <u>TX</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| ZIP: <u>76118</u> Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Operator of Aircraft <input type="checkbox"/> The Operator is also the Registered Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> Same address as Registered Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Name: <u>Bell Traininbg academy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Doing Business As: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| City: <u>Hurst</u> State: <u>TX</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Air Carrier/Operator Designator (4-character code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| ZIP: <u>76053</u> Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Operating Certificates Held<br>(Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Regulation Flight Conducted Under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input checked="" type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input checked="" type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation<br>Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft |  | <input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415<br><input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431<br><input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435<br><input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437<br><input type="radio"/> FAR 450<br><input type="radio"/> FAR 91 Special Flight<br><input type="radio"/> Non-US, Commercial<br><input type="radio"/> Non-US, Non-commercial<br><input type="radio"/> Public Aircraft (Select one)<br><input type="radio"/> Armed Forces<br><input type="radio"/> Federal<br><input type="radio"/> State<br><input type="radio"/> Local<br><input type="radio"/> Unknown |  |
| Revenue Sightseeing Flight<br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Air Medical Flight<br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Revenue Operation for FAR 121, 125, 129, 135<br>(Select one for each group)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Purpose of Flight for FAR 91, 103, 133, 137 (Select one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic<br><input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International<br><br><input type="radio"/> Passenger<br><input type="radio"/> Cargo<br><input type="radio"/> Mail Contract Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="radio"/> Aerial Application <input type="radio"/> Firefighting<br><input type="radio"/> Aerial Observation <input type="radio"/> Flight Test<br><input type="radio"/> Air Drop <input type="radio"/> Glider Tow<br><input type="radio"/> Air Race/Show <input checked="" type="radio"/> Instructional<br><input type="radio"/> Banner Tow <input type="radio"/> Other Work Use<br><input type="radio"/> Business <input type="radio"/> Personal<br><input type="radio"/> Executive/Corporate <input type="radio"/> Positioning<br><input type="radio"/> External Load <input type="radio"/> Skydiving<br><input type="radio"/> Ferry <input type="radio"/> Unknown                                                                                                                    |  |
| AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Airport Name: <u>Bell South Airfield</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Distance From Airport Center: <u>0.00</u> sm.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Airport Identifier: <u>XS04</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Direction From Airport: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Airport Elevation: <u>473.00</u> ft. MSL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Runway Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Condition of Runway/Landing Surface (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Runway ID: <u>Line 2</u> Length: <u>1,600</u> ft. Width: <u>65</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Runway/Landing Surface (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Ice <input type="checkbox"/> Snow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Macadam <input type="checkbox"/> Water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <input type="checkbox"/> Dirt <input type="checkbox"/> Helideck <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <input type="checkbox"/> Elevated Heliport <input type="checkbox"/> Helistop <input type="checkbox"/> Off-site landing area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Approach/Departure Segment (Select one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input checked="" type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <input type="radio"/> Initial Climb <input type="radio"/> <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <input type="radio"/> <input type="radio"/> Crosswind <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| IFR Approach (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | VFR Approach (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input checked="" type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Valley/Terrain Following <input checked="" type="checkbox"/> Simulated Forced Landing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> RNAV <input type="checkbox"/> Circling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

| "FLIGHT CREWMEMBER 1" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
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| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Captain <input type="radio"/> First Officer <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input checked="" type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>"Flight Crewmember 1" was pilot flying</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>"Flight Crewmember 1" Identification</b><br>First Name: <span style="background-color: black; color: black;">[REDACTED]</span><br>Middle Initial: <span style="background-color: black; color: black;">[REDACTED]</span><br>Last Name: <span style="background-color: black; color: black;">[REDACTED]</span><br>Age at time of Accident/Incident: <u>45</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | City of Residence: <u>China Spring</u><br>State: <u>TX</u> ZIP: <u>76633</u><br>Country: <u>US</u><br>Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> (mm/dd/yyyy)<br>Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                      |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Serious<br><input type="radio"/> Unknown <input type="radio"/> Fatal<br><input checked="" type="radio"/> Minor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                      |                        | <b>Restraint Type</b><br><table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input checked="" type="radio"/> 4-point</td> <td><input checked="" type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | Available                                                      | Used   | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap only         | <input type="radio"/> Lap only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input checked="" type="radio"/> 4-point | <input checked="" type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Used                                     |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> None               |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="radio"/> Lap only           |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="radio"/> 3-point            |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <input checked="" type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="radio"/> 4-point |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="radio"/> 5-point            |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="radio"/> Unknown            |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input checked="" type="checkbox"/> Flight Instructor <input checked="" 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>Supplemental Restraint, specify:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>Principal Occupation</b><br><input checked="" type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | <b>Medical Certificate</b> <input type="radio"/> Unknown<br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> BasicMed<br><input checked="" type="radio"/> Class 2 <input type="radio"/> Driver's License (Sport Pilot only)                                          |                        | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | <b>Date of Last Medical</b><br><u>05/08/2025</u><br>mm/dd/yyyy |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Limitations</b><br>NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | <b>Medical Certificate Special Limitations</b><br>NA                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input checked="" type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>08/15/2025</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | <b>Flight Review Aircraft</b><br>Make: <u>Rotorcraft / Helicopter</u><br>Model: <u>Bell 505</u>                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          | <b>Other Aircraft Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                        | <b>Instrument Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       | <b>Instructor Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Airplane Multiengine <input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Gyroplane <input type="checkbox"/> Glider<br><input type="checkbox"/> Powered lift <input type="checkbox"/> Sport |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <b>Type Ratings and Applicable Logbook Endorsements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | <b>Student Endorsements</b> (Include dates)                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter hours for each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> <th rowspan="2">Multi-engine Rotorcraft</th> <th rowspan="2">Tail-wheel</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>2,690</td> <td>88</td> <td>100</td> <td></td> <td>781</td> <td>235</td> <td>120</td> <td>2,590</td> <td></td> <td></td> <td>2,386</td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>1,493</td> <td>54</td> <td>15</td> <td></td> <td>500</td> <td>200</td> <td>100</td> <td>1,478</td> <td></td> <td></td> <td>1,430</td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>1,493</td> <td>48</td> <td>0</td> <td></td> <td>500</td> <td>200</td> <td>100</td> <td>1,478</td> <td></td> <td></td> <td>1,424</td> <td></td> </tr> <tr> <td>This Make/Model</td> <td colspan="12" style="background-color: black;"></td> </tr> <tr> <td>Last 90 Days</td> <td>35</td> <td>35</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>10</td> <td>10</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>1</td> <td>1</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            | Flight Time (Enter hours for each box) | All Aircraft                   | This Make & Model             | Airplane Single Engine        | Airplane Multiengine                     | Night                                    | Instrument                    |                               | Rotorcraft                    | Glider                        | Lighter Than Air                                                                                                                                                                                                                          | Multi-engine Rotorcraft | Tail-wheel | Actual | Simulated | Total Time | 2,690 | 88 | 100 |  | 781 | 235 | 120 | 2,590 |  |  | 2,386 |  | Pilot in Command (PIC) | 1,493 | 54 | 15 |  | 500 | 200 | 100 | 1,478 |  |  | 1,430 |  | Time as Instructor | 1,493 | 48 | 0 |  | 500 | 200 | 100 | 1,478 |  |  | 1,424 |  | This Make/Model |  |  |  |  |  |  |  |  |  |  |  |  | Last 90 Days | 35 | 35 | 0 |  |  |  |  |  |  |  |  |  | Last 30 Days | 10 | 10 | 0 |  |  |  |  |  |  |  |  |  | Last 24 Hours | 1 | 1 | 0 |  |  |  |  |  |  |  |  |  |
| Flight Time (Enter hours for each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | All Aircraft                             | This Make & Model                                                                                                                                                                                                                                                                                                                   | Airplane Single Engine | Airplane Multiengine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Night | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | Rotorcraft                                                     | Glider | Lighter Than Air           | Multi-engine Rotorcraft    |                                        |                                |                               |                               |                                          |                                          | Tail-wheel                    |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Simulated |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2,690                                    | 88                                                                                                                                                                                                                                                                                                                                  | 100                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 781   | 235                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 120       | 2,590                                                          |        |                            | 2,386                      |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1,493                                    | 54                                                                                                                                                                                                                                                                                                                                  | 15                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 500   | 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 100       | 1,478                                                          |        |                            | 1,430                      |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1,493                                    | 48                                                                                                                                                                                                                                                                                                                                  | 0                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 500   | 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 100       | 1,478                                                          |        |                            | 1,424                      |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 35                                       | 35                                                                                                                                                                                                                                                                                                                                  | 0                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10                                       | 10                                                                                                                                                                                                                                                                                                                                  | 0                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                        | 1                                                                                                                                                                                                                                                                                                                                   | 0                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                |        |                            |                            |                                        |                                |                               |                               |                                          |                                          |                               |                               |                               |                               |                                                                                                                                                                                                                                           |                         |            |        |           |            |       |    |     |  |     |     |     |       |  |  |       |  |                        |       |    |    |  |     |     |     |       |  |  |       |  |                    |       |    |   |  |     |     |     |       |  |  |       |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |              |    |    |   |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |  |  |

**"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: [REDACTED]

Middle Initial: [REDACTED]

Last Name: [REDACTED]

Age at time of Accident/Incident: 48

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

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

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

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

Certificate Number: [REDACTED]

**Degree of Injury**

☐ None ☐ Serious  
☐ Unknown ☐ Fatal  
☐ Minor

**Seat Occupied**

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

**Restraint Type**

| Available                                | Used                                     |
|------------------------------------------|------------------------------------------|
| <input type="radio"/> None               | <input type="radio"/> None               |
| <input type="radio"/> Lap only           | <input type="radio"/> Lap only           |
| <input type="radio"/> 3-point            | <input type="radio"/> 3-point            |
| <input checked="" type="radio"/> 4-point | <input checked="" type="radio"/> 4-point |
| <input type="radio"/> 5-point            | <input type="radio"/> 5-point            |
| <input type="radio"/> Unknown            | <input type="radio"/> Unknown            |

**Inflatable Restraints**

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

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

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

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

**Principal Occupation**

☒ Pilot  
☐ Other  
☐ Unknown

**Medical Certificate**

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

**Medical Certificate Validity**

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

**Date of Last Medical**

05/01/2025  
 mm/dd/yyyy

**Medical Certificate Limitations**

Corrective Lenses required for all distances

**Medical Certificate Special Limitations**

NA

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

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

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

mm/dd/yyyy

**Flight Review Aircraft**

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

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

**Airplane Rating(s)**

(Check all that apply)  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

**Other Aircraft Rating(s)**

(Check all that apply)  
☐ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☒ Helicopter  
☐ Powered Lift

**Instrument Rating(s)**

(Check all that apply)  
☒ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

**Instructor Rating(s)**

(Check all that apply)  
☒ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multiengine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered lift ☐ Sport

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

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

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

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Injury                                                                                                                                                     |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
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| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____       | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s) (Check all the apply)</b><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><table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap Only</td> <td><input type="radio"/> Lap Only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available                                                                                                                                                  | Used | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Used                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="radio"/> None     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> Lap Only                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Lap Only |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> 3-point  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> 4-point  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> 5-point  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> Unknown  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                               |                                | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | <b>Supplemental Restraint, specify:</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Injury                                                                                                                                                     |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
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| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____       | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal Locator Beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s) (Check all the apply)</b><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><table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap Only</td> <td><input type="radio"/> Lap Only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available                                                                                                                                                  | Used | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Used                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="radio"/> None     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> Lap Only                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Lap Only |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> 3-point  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> 4-point  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> 5-point  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> Unknown  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                               |                                | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | <b>Supplemental Restraint, specify:</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |

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

| Number of Passengers <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                |                                                                                                                                                                         |
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| Passenger Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Seat                                                                                                                                     | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inflatable Restraints | Age  |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                |                                                                                                                                                                         |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span><input type="radio"/> Crew</span> <span><input type="radio"/> Passenger</span> <span><input type="radio"/> Other</span> </div> <div style="margin-top: 10px;"> <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: _____       </div> | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap Only</td> <td><input type="radio"/> Lap Only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> <b>Supplemental Restraint, specify:</b><br>_____ | Available             | Used | <input type="radio"/> None | <input type="radio"/> None | <input type="radio"/> Lap Only | <input type="radio"/> Lap Only | <input type="radio"/> 3-point | <input type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Used                                                                                                                                     |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                |                                                                                                                                                                         |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> None                                                                                                               |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                |                                                                                                                                                                         |
| <input type="radio"/> Lap Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Lap Only                                                                                                           |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                |                                                                                                                                                                         |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> 3-point                                                                                                            |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                |                                                                                                                                                                         |
| <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> 4-point                                                                                                            |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                |                                                                                                                                                                         |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> 5-point                                                                                                            |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                |                                                                                                                                                                         |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Unknown                                                                                                            |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                |                                                                                                                                                                         |

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| 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</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Supplemental Restraint, specify:</b><br>_____ | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

### FLIGHT ITINERARY INFORMATION

| Last Departure Point                                                                     | Time of Departure                                                 | Flight Information                                | Destination                                                                              | Type Flight Plan Filed                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Airport ID: <u>0TE2</u><br>City: <u>Hurst</u><br>State: <u>TX</u><br>Country: <u>USA</u> | Time: <u>08:00</u><br><small>HH:MM</small><br>Time Zone: <u>C</u> | Flight Number: _____<br>Operating as Flight _____ | Airport ID: <u>XS04</u><br>City: <u>Hurst</u><br>State: <u>TX</u><br>Country: <u>USA</u> | <input checked="" type="radio"/> None<br><input type="radio"/> Company<br><input type="radio"/> Military<br><input type="radio"/> VFR<br><input type="radio"/> VFR/IFR<br><input type="radio"/> IFR<br><input type="radio"/> Unknown<br>Activated? <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Unknown |

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

- ☐ Certificate of Authorization    ☐ Special VFR    ☐ Special IFR    ☐ VFR Flight Following    ☐ Cruise  
☐ VFR    ☐ IFR    ☐ VFR On Top    ☐ Traffic Advisory    ☐ Unknown / NA  
☒ None

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

- ☐ Class A    ☐ Class G    ☐ Military Operations Area (MOA)    ☐ Special  
☐ Class B    ☐ Demo Area    ☐ Airport Advisory Area    ☐ Air Traffic Control Area  
☐ Class C    ☐ Warning Area    ☐ Jet Training Area    ☐ Unknown  
☐ Class D    ☐ Prohibited Area    ☐ TRSA  
☒ Class E    ☐ Restricted Area    ☐ FAR 93

Altitude of In-Flight Occurrence: \_\_\_\_\_ ft. MSL

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Source of Pilot Weather Information**

(Check all that apply)

- ☐ National Weather Service    ☐ Company  
☐ Flight Service Station    ☐ Military  
☐ TV/Radio    ☒ Internet  
☐ Automated Report    ☐ None  
☐ Electronic Flight Bag-Application:    ☐ Unknown

☐ On-Board Weather**Weather Observation Facility**

Facility ID: KDFW  
 Observation Time: 12:53Z  
 Time Zone: C  
 Distance from Accident Site: \_\_\_\_\_ nm  
 Direction from Accident Site: \_\_\_\_\_ degrees true

**Basic Conditions**

- ☒ VMC  
☐ IMC  
☐ Unknown

**Lowest Cloud Condition**

Height \_\_\_\_\_ ft. AGL

**Light Condition**

- ☐ Dawn    ☐ Dusk    ☐ Dark Night    ☐ Unknown  
☒ Day    ☐ Night    ☐ Bright Night

**Sky/Lowest Cloud Condition**

- ☐ Clear    ☐ Thin Broken  
☒ Few    ☐ Thin Overcast  
☐ Partial    ☐ Unknown  
☐ Obscuration  
☐ Scattered

**Ceiling**

- ☒ None (Clear)  
☐ Broken  
☐ Overcast  
☐ Obscured  
☐ Indefinite  
☐ Unknown

**Ceiling Height**

\_\_\_\_\_ ft. AGL

Temperature: 2.80 (°C) or \_\_\_\_\_ (°F)Dewpoint: -4.00 (°C) or \_\_\_\_\_ (°F)**Altimeter Setting:**3,016 (Hg), or \_\_\_\_\_ (mb)**Wind Direction**

☐ Variable    or  
 Direction: 200.00  
 degrees true

**Wind Speed**

☐ Calm  
☐ Light and Variable  
 or  
 Speed: 3.0 kts

**Wind Gusts**

☒ Not Gusting  
 or  
 Speed: \_\_\_\_\_ kts

**Visibility**

10.0 miles  
 RVR: \_\_\_\_\_ feet  
 RVV: \_\_\_\_\_ miles  
 Density Altitude: \_\_\_\_\_ ft.

**Type of Precipitation** (Check all that apply)

- ☒ None    ☐ Drizzle    ☐ Freezing Rain  
☐ Rain    ☐ Ice Pellets    ☐ Snow Shower  
☐ Snow    ☐ Snow Pellets    ☐ Ice Pellets Shower  
☐ Hail    ☐ Snow Grains    ☐ Freezing Drizzle  
☐ Rain Showers    ☐ Ice Crystals

**Restriction to Visibility** (Check all that apply)

- ☒ None    ☐ Fog  
☐ Blowing Dust    ☐ Ground Fog  
☐ Blowing Sand    ☐ Haze  
☐ Blowing Snow    ☐ Ice Fog  
☐ Blowing Spray    ☐ Smoke  
☐ Dust    ☐ Unknown

**Icing Forecast**

- Amount**    **Type**  
☒ None    ☐ N/A  
☐ Trace    ☐ Rime  
☐ Light    ☐ Clear  
☐ Moderate    ☐ Mixed  
☐ Severe    ☐ Unknown  
☐ Unknown

**Intensity of Precipitation**

- ☐ Light  
☐ Moderate  
☐ Heavy  
☐ N/A  
☐ Unknown

**Icing Actual**

- Amount**    **Type**  
☒ None    ☐ N/A  
☐ Trace    ☐ Rime  
☐ Light    ☐ Clear  
☐ Moderate    ☐ Mixed  
☐ Severe    ☐ Unknown  
☐ Unknown

**Turbulence** (Check all that apply)

- Type**    **Severity**  
☒ None    ☐ Light  
☐ Clear Air    ☐ Moderate  
☐ Terrain-Induced    ☐ Severe  
☐ Convective    ☐ Extreme

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

None

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

- ☐ None                      ☒ Substantial  
☐ Minor                     ☐ Destroyed  
                                 ☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Aircraft totaled. Mast ripped off aircraft and both main rotors destroyed. Tail rotor destroyed. Left side pilot door ripped off aircraft. Landing gear destroyed. Vertical fin damaged. No damage to surrounding property.

**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.

Aircraft departed OTE2 for training evolution at BTA Practice Area XS04. Aircraft was utilizing north / south center runway for basic airwork operations. Following a normal approach to a hover landing and about 5 minutes of low work with the customer, instructor decided to execute hydraulic off training to center runway. Prior to departure from the runway to execute the maneuver the instructor and customer conducted a short brief of the maneuver where the instructor told the customer to terminate to 5' hover taxi with approximately 10kts of groundspeed and once established in that 5' hover taxi with 10kts of ground speed gradually reduce the collective and descend to avoid descending too quickly. They departed Lane 2 towards the South with an eastern pattern. The instructor secured the hydraulic system on the downwind and announced, "hydraulics are off." At his base leg the customer was 1000' MSL and 60kts. They continued to descend and crossed the northern part of lane 2 at about 25-30'. He descended to 5' and established the 5' 10kt hover taxi as planned. Customer applied slight reduction in collective to establish a slow descent to runway, however sink rate was a little too quick. When aircraft touched down on runway surface, the aircraft bounced due to descent rate off the taxi way and the nose yawed to the right. The aircraft then touched down again while sliding off the runway toward the grass. The customer pushed the collective full down. The instructor determined their slide speed and angle toward the grass was creating an opportunity for aircraft to potentially roll over. The instructor attempted to take the controls and pull the aircraft off the ground to return back to flight. During that attempt the aircraft dug into the grass on the left skid and began to list to the left. Shortly thereafter the main rotor struck the ground causing the aircraft to flip onto it's opposite side. Once all motion stopped, the aircraft came to rest on it's right side. The instructor then flipped the fly/idle switch to idle and turned the 'start/run' knob to the 'off' position to shutdown the engine. The instructor unsecured his harness and egressed the aircraft. Once out of the aircraft, the instructor assisted the customer getting and they both awaited crash-fire-rescue to arrive. Crash fire rescued secured the scene and pulled the engine fire T handle to prevent post crash fire.

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

The pilot at the controls failed to maintain a descent rate appropriate for touchdown on runway service with hydraulics off. The instructor failed to recognize the excessive rate of descent to the runway during the hydraulic off approach and make necessary control inputs to prevent this accident. After the aircraft bounced, instructor should have taken the controls and taken the aircraft back to flight up and away from the runway to regain positive control.

This incident requires additional training for the instructor focusing on defensive posturing and early recognition of a developing trend that could cause potential damage to aircraft or personnel.

**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on a separate sheet.)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

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

Total Time/ Cycles On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

Time Since This Part Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

59.0 \_\_\_\_\_ Gallons

Fuel Type

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

Other Services, if any, prior to departure:

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No

Method of Exit – Describe how the occupants exited and how many occupants evacuated each location:

Self Egress of Aircraft through to front of the aircraft.

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

Aircraft Registration Number

\_\_\_\_\_

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

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

Damage to Other Aircraft:

☐ Destroyed☐ Substantial☐ Minor☐ None

Registered Owner of Other Aircraft

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

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

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

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

Pilot of Other Aircraft

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

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

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

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

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

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.  
I understand that the information provided may be subject to public release.

Date of this report:

01/05/2026

mm/dd/yyyy

Name of Pilot/Operator

[Redacted]

-or- ☐ Check here to electronically sign this document

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

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

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

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

-or- ☐ Check here to electronically sign this document

#### FOR NTSB USE ONLY

| NTSB Accident/Incident No. | Reviewed by NTSB AS Division | Name of Investigator | Date Report Received |
|----------------------------|------------------------------|----------------------|----------------------|
| CEN26LA065                 | Central Region / AS-CEN      | Andrew Finne         | 01/05/2026           |