

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: VEALICE State: FL  
 ZIP: 34284 Country: USA  
 Latitude: \_\_\_\_\_ (00:00:00 N/S) Longitude: \_\_\_\_\_ (000:00:00 E/W)

### Date/Time

Date: 01/12/2011 Local Time: 4:45 PM  
 mm/dd/yyyy Time Zone: EAST

### Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☒ Cruise ☐ Hover  
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other  
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

### Collision with Other Aircraft

☐ Midair  
☐ On-ground  
☐ None

### Altitude of In-Flight Occurrence

\_\_\_\_\_ ft MSL

## WEATHER INFORMATION AT THE ACCIDENT SITE

### Weather Observation Facility

Facility ID: KVNC

Observation Time: \_\_\_\_\_

Time Zone: \_\_\_\_\_

Distance from Accident Site: \_\_\_\_\_ NM

Direction from Accident Site: \_\_\_\_\_ degrees MAG

### Source of Weather Information

(Check all that apply)

☒ National Weather Service ☐ Company  
☐ Flight Service Station ☐ Military  
☐ TV/Radio ☐ Internet  
☒ Automated Report ☐ Unknown  
☐ Commercial Weather Service (DUATS)

### Method of Briefing

(Check all that apply)

☐ In Person  
☐ Teletype  
☐ Telephone/Computer  
☐ Aircraft Radio  
☐ TV/Radio  
☐ Unknown

### Briefing Type/Completeness

☐ Full ☐ Abbreviated  
☐ Partial / Limited By Pilot ☐ Unknown  
☐ Partial / Limited By Briefer ☐ Not Pertinent

### Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night  
☒ Day ☐ Night ☐ Bright Night  
☐ Not Reported

### Visibility

10 miles

### Sky/Lowest Cloud Condition

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

### Ceiling

☒ None (clear) ☐ Obscured  
☐ Broken ☐ Indefinite  
☐ Overcast ☐ Unknown

### 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

### Lowest Cloud Condition Height

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

### Ceiling Height

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

### Wind Direction

☐ Indicated: \_\_\_\_\_ degrees MAG  
☐ Variable

### Wind Speed

Velocity: \_\_\_\_\_ KTS

-or-

☐ Calm  
☐ Light and Variable

### Wind Gusts

Velocity: \_\_\_\_\_ KTS

☐ Gusting  
☐ Not Gusting

### Type of Turbulence (Check all that apply)

☒ None ☐ In Clouds  
☐ Clear Air ☐ Vicinity of Thunderstorm

### Severity of Turbulence

☐ Extreme ☐ Moderate ☐ Light  
☐ Severe ☐ Moderate Chop

## NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident

NA

Temperature: \_\_\_\_\_ (C)  
 or \_\_\_\_\_ (F)

Altimeter Setting: \_\_\_\_\_ in. HG  
 or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: \_\_\_\_\_ (C)  
 or \_\_\_\_\_ (F)

### Icing Forecast

Amount

☒ None ☐ Moderate  
☐ Trace ☐ Severe  
☐ Light

Type

☐ Rime  
☐ Clear  
☐ Mixed

### Icing Actual

Amount

☐ None ☐ Moderate  
☐ Trace ☐ Severe  
☐ Light

Type

☐ Rime  
☐ Clear  
☐ Mixed

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

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

### Intensity of Precipitation

☐ Light ☐ Moderate ☐ Heavy

| AIRCRAFT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|--|
| <b>Manufacturer:</b> <u>Beechcraft</u><br><b>Model:</b> <u>A 23-24</u><br><b>Serial Number:</b> <u>MA 257</u><br><b>Registration Number:</b> <u>N3670Q</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            | <b>Max Gross Weight:</b> <u>2558</u> lbs<br><b>Weight at Time of Accident:</b> <u>2370</u> lbs<br><b>Location of Center of Gravity at Time of Accident:</b><br><u>111</u> inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum<br>-or- _____ Percent Mean Aerodynamic Cord (% MAC) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |
| <b>Category of Aircraft</b><br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyrocraft<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                           |                     | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Utility<br><input type="checkbox"/> Acrobatic<br><input type="checkbox"/> Transport<br><b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Light Sport |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Number of Seats:</b> <u>4</u><br>If Large Aircraft, how many seats for:<br>Flight Crew: _____<br>Cabin Crew: _____<br>Passengers: _____ |                                                                                                                                                                                                                                                                                                           | <b>Landing Gear</b> <input type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Unknown |                               |                             |  |
| <b>Type of Maintenance Program</b><br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Conditional (Amateur-built only)<br><input type="checkbox"/> Manufacturer's Inspection Program<br><input type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: _____                                                                                                                                                                                                                                                                                                                   |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Last Inspection Type</b><br><input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input checked="" type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                        |                                                                                                                                            | <b>Date Last Inspection:</b> <u>07/21/2010</u><br><i>mm/dd/yyyy</i><br><b>Airframe Total Time:</b> <u>2250</u> hrs<br>hours measured at <i>(check one)</i><br><input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |
| <b>IFR Equipped</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Stall Warning System Installed</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            | <b>Type of Fire Extinguishing System</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Specify _____                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |
| <b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>ELT Activated</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ELT Manufacturer:</b> <u>MERL, INC</u><br><b>Model/Series:</b> <u>79007-P</u><br><b>Serial Number:</b> <u>1872</u><br><b>Battery Type:</b> <u>ALKALINE</u> <b>Battery Exp. Date:</b> <u>07/2011</u>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |
| <b>ELT Aided in Locating Accident / Incident</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Engine Type</b><br><input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown<br><b>Reciprocating Fuel System Type</b><br><input type="checkbox"/> Carburetor<br><input checked="" type="checkbox"/> Fuel Injected<br><b>Propeller</b><br><input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch<br><b>Manufacturer:</b> <u>McCabe</u><br><b>Model:</b> <u>182HS / BFA 7762</u> |                                                                                                                                            |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |
| Engine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Engine Manufacturer | Engine Model/Series                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Manufacturing Serial Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date of Mfg.<br><i>mm/dd/yyyy</i>                                                                                                          | Engine Rated Power Measured as <i>(check one)</i><br><input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust                                                                                                                                                             | Total Time (hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Time Since Inspection (hours) | Time Since Overhaul (hours) |  |
| Eng. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>LYcoming</u>     | <u>SO-360-A12B</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>L3604-S1A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | <u>200</u>                                                                                                                                                                                                                                                                                                | <u>2250</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>793</u>                    | <u>793</u>                  |  |
| Eng. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |
| Eng. 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |
| Eng. 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |
| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |
| <b>Registered Aircraft Owner</b><br><b>Name:</b> <u>WALTER MACEDO JR</u><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            | <b>Owner Address</b><br><b>City:</b> <u>Kissimmee, FL</u><br><b>State:</b> <u>FL</u> <b>ZIP:</b> <u>34744</u><br><b>Country:</b> <u>U.S.A.</u>                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br><b>Name:</b> _____<br><b>Doing Business As:</b> _____<br><b>Air Carrier/Operator Designator (4 Character Code):</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            | <b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner<br><b>City:</b> _____<br><b>State:</b> _____ <b>ZIP:</b> _____<br><b>Country:</b> _____                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |
| <b>Regulation Flight Conducted Under</b><br><input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type)<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Purpose of Flight for FAR 91, 103, 133, 137 (Select one)</b><br><input checked="" type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown                                                                                                                          | <b>Revenue Operation for FAR 121, 125, 129, 135 (Select one)</b><br><input type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi<br><br><b>Domestic or International</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> International<br><br><b>Cargo Operation</b><br><input type="checkbox"/> Passenger/Cargo<br><input type="checkbox"/> Passenger _____ How many?<br><input type="checkbox"/> Cargo _____ lbs<br><input type="checkbox"/> Mail | <b>Type of Commercial Operating Certificate Held (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><br><input type="checkbox"/> Rotorcraft External Load (133)<br>-or-<br><input type="checkbox"/> Agricultural Aircraft (137)<br><br><input type="checkbox"/> Other Operator of Large Aircraft                |
| <b>OTHER AIRCRAFT -- COLLISION</b> (If air or ground collision occurred, complete this section for other aircraft)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Aircraft Registration Number</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Manufacturer:</b> _____<br><b>Model:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Registered Owner of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Pilot of Other Aircraft</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>AIRPORT INFORMATION</b> (If the accident occurred on approach, takeoff or within 3 miles of an airport, complete this section)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Airport Identifier:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Distance From Airport Center:</b> _____ SM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Airport Name:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Direction From Airport:</b> _____ degrees MAG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Proximity to Airport</b> <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Airport Elevation:</b> _____ ft. MSL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Approach Segment (Select one)</b><br><input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Go Around<br><input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>IFR Approach (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice<br><input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS<br><input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran<br><input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown<br><input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact<br><input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VFR Approach (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Stop and Go<br><input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go<br><input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing<br><input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing<br><input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing<br><input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown                                                                                                                                                 |
| <b>Runway Information</b><br>Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Condition of Runway/Landing Surface (Check all that apply)</b><br><input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm<br><input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy<br><input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy<br><input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet<br><input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown<br><input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation |
| <b>Runway/Landing Surface (Check all that apply)</b><br><input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water<br><input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown<br><input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>FLIGHT ITINERARY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Last Departure Point</b><br>Airport ID: <u>KVNC</u><br>City: <u>Veace</u><br>State: <u>FL</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Time of Departure</b><br>Time: <u>1645HS</u><br>Time Zone: <u>EASTERN</u>                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Destination</b><br>Airport ID: <u>KISM</u><br>City: <u>Kissimmee</u><br>State: <u>FL</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Type Flight Plan Filed</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR<br><input type="checkbox"/> Company VFR <input type="checkbox"/> IFR<br><input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown<br><input type="checkbox"/> VFR<br><b>Activated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                               |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise<br><input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|                                                                                                                                                                                                                                                             |                                               |                                                         |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------|
| <b>Airspace where the accident occurred</b> (Check all that apply)                                                                                                                                                                                          |                                               |                                                         |                                                                     |
| <input type="checkbox"/> Class A                                                                                                                                                                                                                            | <input type="checkbox"/> Class E              | <input type="checkbox"/> Prohibited Area                | <input type="checkbox"/> Jet Training Area                          |
| <input type="checkbox"/> Class B                                                                                                                                                                                                                            | <input type="checkbox"/> Class G              | <input type="checkbox"/> Restricted Area                | <input type="checkbox"/> TRSA                                       |
| <input type="checkbox"/> Class C                                                                                                                                                                                                                            | <input type="checkbox"/> Demo Area            | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> FAR 93                                     |
| <input type="checkbox"/> Class D                                                                                                                                                                                                                            | <input type="checkbox"/> Warning Area         | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Special                                    |
|                                                                                                                                                                                                                                                             |                                               |                                                         | <input type="checkbox"/> Air Traffic Control Area                   |
|                                                                                                                                                                                                                                                             |                                               |                                                         | <input type="checkbox"/> Unknown                                    |
| <b>Aircraft Load Description</b> (Check all that apply)                                                                                                                                                                                                     |                                               |                                                         |                                                                     |
| <input type="checkbox"/> None                                                                                                                                                                                                                               | <input type="checkbox"/> Towing Glider        | <input type="checkbox"/> Parachutists                   | <input type="checkbox"/> Livestock                                  |
| <input checked="" type="checkbox"/> Passengers                                                                                                                                                                                                              | <input type="checkbox"/> Towing Banner        | <input type="checkbox"/> Water                          | <input type="checkbox"/> Unknown                                    |
| <input type="checkbox"/> Cargo                                                                                                                                                                                                                              | <input type="checkbox"/> Other External       | <input type="checkbox"/> Chemical/Fertilizer/Seeds      |                                                                     |
| <b>FUEL &amp; SERVICES INFORMATION</b>                                                                                                                                                                                                                      |                                               |                                                         |                                                                     |
| <b>Fuel on Board at Last Takeoff</b><br>(convert from pounds, as necessary)                                                                                                                                                                                 |                                               | <b>Fuel Type</b>                                        |                                                                     |
| _____ Gallons                                                                                                                                                                                                                                               |                                               | <input type="checkbox"/> 80/87                          | <input type="checkbox"/> 115/145                                    |
|                                                                                                                                                                                                                                                             |                                               | <input checked="" type="checkbox"/> 100 Low Lead        | <input type="checkbox"/> Jet A                                      |
|                                                                                                                                                                                                                                                             |                                               | <input type="checkbox"/> 100/130                        | <input type="checkbox"/> Automotive                                 |
|                                                                                                                                                                                                                                                             |                                               | <input type="checkbox"/> JP3                            | <input type="checkbox"/> JP4                                        |
|                                                                                                                                                                                                                                                             |                                               | <input type="checkbox"/> JP5                            | <input type="checkbox"/> Other, specify _____                       |
| <b>Other Services, if Any, Prior to Departure</b>                                                                                                                                                                                                           |                                               |                                                         |                                                                     |
| <b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on separate sheet)                                                                                                                                                                 |                                               |                                                         |                                                                     |
| <b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) |                                               |                                                         | <b>Total Time/Cycles On Part</b><br><br>_____ Hours<br>_____ Cycles |
|                                                                                                                                                                                                                                                             |                                               |                                                         | <b>Time Since This Part Inspected/Overhauled</b><br><br>_____ Hours |
| <b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>                                                                                                                                                                                                                |                                               |                                                         |                                                                     |
| <b>Aircraft Damage</b>                                                                                                                                                                                                                                      |                                               | <b>Aircraft Fire</b>                                    |                                                                     |
| <input type="checkbox"/> None                                                                                                                                                                                                                               | <input type="checkbox"/> Substantial          | <input checked="" type="checkbox"/> None                | <input type="checkbox"/> Both Ground and In-Flight                  |
| <input type="checkbox"/> Minor                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Destroyed | <input type="checkbox"/> In-Flight                      | <input type="checkbox"/> Unknown Origin                             |
|                                                                                                                                                                                                                                                             |                                               | <input type="checkbox"/> On-Ground                      |                                                                     |
|                                                                                                                                                                                                                                                             |                                               | <b>Aircraft Explosion</b>                               |                                                                     |
|                                                                                                                                                                                                                                                             |                                               | <input checked="" type="checkbox"/> None                | <input type="checkbox"/> Both Ground and In-Flight                  |
|                                                                                                                                                                                                                                                             |                                               | <input type="checkbox"/> In-Flight                      | <input type="checkbox"/> Unknown Origin                             |
|                                                                                                                                                                                                                                                             |                                               | <input type="checkbox"/> On-Ground                      |                                                                     |
| <b>Description of Damage to Aircraft and Other Property</b> (use additional sheet if necessary)                                                                                                                                                             |                                               |                                                         |                                                                     |
| Both wings destroyed                                                                                                                                                                                                                                        |                                               |                                                         |                                                                     |
| <b>EVACUATION OF AIRCRAFT</b>                                                                                                                                                                                                                               |                                               |                                                         |                                                                     |
| <b>Was an emergency evacuation of the aircraft performed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                           |                                               |                                                         |                                                                     |
| <b>Method of Exit</b> – Describe how the occupants exited and how many occupants evacuated each location                                                                                                                                                    |                                               |                                                         |                                                                     |
| ALL 4 PASSENGERS EXITED THROUGH THE MAIN DOOR                                                                                                                                                                                                               |                                               |                                                         |                                                                     |

| PILOT "A" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
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| <b>Pilot "A" Responsibilities at the Time of Accident</b><br><input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| <b>Pilot "A" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>WALTER</u><br/>           Middle Initial: <u>S.</u><br/>           Last Name: <u>MACEDO JR</u> </div> <div>           City: <u>Kissimmee</u><br/>           State: <u>FL</u>    ZIP: <u>34744</u><br/>           Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Age at time of Accident: <u>49</u></div> <div>Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span><br/><small>mm/dd/yyyy</small></div> <div>Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span></div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                                            | <b>Seat Occupied</b><br><input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 | <b>Seat Belt</b><br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               | <b>Shoulder Harness</b><br>Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input checked="" type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| <b>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input checked="" type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | <b>Medical Certificate</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown                                                                              |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input checked="" type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Date of Last Medical</b><br><u>12/15/2009</u><br><small>mm/dd/yyyy</small> |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| <b>Medical Certificate Limitations</b><br><div style="text-align: center; font-family: cursive;">             "MUST WEAR CORRECTIVE LENSES" FOR<br/>             DISTANT AND NEAR VISION           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| <b>Medical Certificate Waivers</b><br><div style="height: 50px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br><u>05/30/2009</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                            | <b>Flight Review Aircraft</b><br>Make: <u>Cessna</u><br>Model: <u>A 17-24</u>                                                                                                                                                                                                  |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| <b>Airplane Rating(s)</b><br><small>(Check all that apply)</small><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | <b>Other Aircraft Rating(s)</b><br><small>(Check all that apply)</small><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                                                                                                                | <b>Instrument Rating(s)</b><br><small>(Check all that apply)</small><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                                 | <b>Instructor Rating(s)</b><br><small>(Check all that apply)</small><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport           </div> |                                                                               |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| <b>Type Ratings</b><br><div style="height: 50px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 | <b>Student Endorsements</b> (Include dates)<br><div style="height: 50px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in 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> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>1100</td> <td>700</td> <td>1100</td> <td></td> <td>192</td> <td>193</td> <td>78</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>1100</td> <td>700</td> <td>1100</td> <td></td> <td>192</td> <td>193</td> <td>78</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td>20</td> <td>20</td> <td></td> <td>4</td> <td></td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td>10</td> <td>10</td> <td></td> <td>2</td> <td></td> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td>2</td> <td>2</td> <td></td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                                                                                                      |        | Flight Time (enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument       |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | 1100 | 700 | 1100 |  | 192 | 193 | 78 |  |  |  | Pilot in Command (PIC) | 1100 | 700 | 1100 |  | 192 | 193 | 78 |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days |  | 20 | 20 |  | 4 |  | 2 |  |  |  | Last 30 Days |  | 10 | 10 |  | 2 |  | 1 |  |  |  | Last 24 Hours |  | 2 | 2 |  | 2 |  |  |  |  |  |
| Flight Time (enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                                                          | Airplane Single Engine                                                                                                                                                                                                                                                         | Airplane Multiengine                                                                                                                                                                                                                  | Night                                                                                                                                                                                           | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               | Rotorcraft                                                                                                                                                                           | Glider |                                                             |              |                   |                        |                      |       | Lighter Than Air |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Simulated                                                                     |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1100         | 700                                                                                                                                                                                                                                                                                                                                                        | 1100                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                       | 192                                                                                                                                                                                             | 193                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 78                                                                            |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1100         | 700                                                                                                                                                                                                                                                                                                                                                        | 1100                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                       | 192                                                                                                                                                                                             | 193                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 78                                                                            |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | 20                                                                                                                                                                                                                                                                                                                                                         | 20                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       | 4                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                                                                             |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | 10                                                                                                                                                                                                                                                                                                                                                         | 10                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       | 2                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                                                                             |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | 2                                                                                                                                                                                                                                                                                                                                                          | 2                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                       | 2                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                                                                                                      |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |      |     |      |  |     |     |    |  |  |  |                        |      |     |      |  |     |     |    |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |    |    |  |   |  |   |  |  |  |              |  |    |    |  |   |  |   |  |  |  |               |  |   |   |  |   |  |  |  |  |  |

| ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)                      |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|-------------------------|---------------------------------------|--|---------------------------------------------------------------------------|------|------------------------------------------|---------|--------------|-----|-------|----------------|--------------|-----------|---------|
| <b>Pilot Name and Address</b>                                                                                           |  |                                            |                         |                                       |  | <b>Degree of Injury</b>                                                   |      |                                          |         |              |     |       |                |              |           |         |
| First Name: _____                                                                                                       |  |                                            | City: _____             |                                       |  | <input type="checkbox"/> None                                             |      | <input type="checkbox"/> Fatal           |         |              |     |       |                |              |           |         |
| Middle Initial: _____                                                                                                   |  |                                            | State: _____ ZIP: _____ |                                       |  | <input type="checkbox"/> Minor                                            |      | <input type="checkbox"/> Unknown         |         |              |     |       |                |              |           |         |
| Last Name: _____                                                                                                        |  |                                            | Country: _____          |                                       |  | <input type="checkbox"/> Serious                                          |      |                                          |         |              |     |       |                |              |           |         |
| <b>Pilot Certificate(s) (Check all that apply)</b>                                                                      |  |                                            |                         |                                       |  | <b>Seat Occupied</b>                                                      |      |                                          |         |              |     |       |                |              |           |         |
| <input type="checkbox"/> None                                                                                           |  | <input type="checkbox"/> Student           |                         | <input type="checkbox"/> Recreational |  | <input type="checkbox"/> Commercial                                       |      | <input type="checkbox"/> Flight Engineer |         |              |     |       |                |              |           |         |
| <input type="checkbox"/> Private                                                                                        |  | <input type="checkbox"/> Flight Instructor |                         | <input type="checkbox"/> Sport        |  | <input type="checkbox"/> Airline Transport                                |      | <input type="checkbox"/> U.S. Military   |         |              |     |       |                |              |           |         |
| <input type="checkbox"/> Foreign                                                                                        |  |                                            |                         |                                       |  | <input type="checkbox"/> Left                                             |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Right                                            |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Center                                           |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Front                                            |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Rear                                             |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Single                                           |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Unknown                                          |      |                                          |         |              |     |       |                |              |           |         |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                            |                         |                                       |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |      |                                          |         |              |     |       |                |              |           |         |
| <b>Pilot Name and Address</b>                                                                                           |  |                                            |                         |                                       |  | <b>Degree of Injury</b>                                                   |      |                                          |         |              |     |       |                |              |           |         |
| First Name: _____                                                                                                       |  |                                            | City: _____             |                                       |  | <input type="checkbox"/> None                                             |      | <input type="checkbox"/> Fatal           |         |              |     |       |                |              |           |         |
| Middle Initial: _____                                                                                                   |  |                                            | State: _____ ZIP: _____ |                                       |  | <input type="checkbox"/> Minor                                            |      | <input type="checkbox"/> Unknown         |         |              |     |       |                |              |           |         |
| Last Name: _____                                                                                                        |  |                                            | Country: _____          |                                       |  | <input type="checkbox"/> Serious                                          |      |                                          |         |              |     |       |                |              |           |         |
| <b>Pilot Certificate(s) (Check all that apply)</b>                                                                      |  |                                            |                         |                                       |  | <b>Seat Occupied</b>                                                      |      |                                          |         |              |     |       |                |              |           |         |
| <input type="checkbox"/> None                                                                                           |  | <input type="checkbox"/> Student           |                         | <input type="checkbox"/> Recreational |  | <input type="checkbox"/> Commercial                                       |      | <input type="checkbox"/> Flight Engineer |         |              |     |       |                |              |           |         |
| <input type="checkbox"/> Private                                                                                        |  | <input type="checkbox"/> Flight Instructor |                         | <input type="checkbox"/> Sport        |  | <input type="checkbox"/> Airline Transport                                |      | <input type="checkbox"/> U.S. Military   |         |              |     |       |                |              |           |         |
| <input type="checkbox"/> Foreign                                                                                        |  |                                            |                         |                                       |  | <input type="checkbox"/> Left                                             |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Right                                            |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Center                                           |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Front                                            |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Rear                                             |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Single                                           |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Unknown                                          |      |                                          |         |              |     |       |                |              |           |         |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                            |                         |                                       |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |      |                                          |         |              |     |       |                |              |           |         |
| <b>Pilot Name and Address</b>                                                                                           |  |                                            |                         |                                       |  | <b>Degree of Injury</b>                                                   |      |                                          |         |              |     |       |                |              |           |         |
| First Name: _____                                                                                                       |  |                                            | City: _____             |                                       |  | <input type="checkbox"/> None                                             |      | <input type="checkbox"/> Fatal           |         |              |     |       |                |              |           |         |
| Middle Initial: _____                                                                                                   |  |                                            | State: _____ ZIP: _____ |                                       |  | <input type="checkbox"/> Minor                                            |      | <input type="checkbox"/> Unknown         |         |              |     |       |                |              |           |         |
| Last Name: _____                                                                                                        |  |                                            | Country: _____          |                                       |  | <input type="checkbox"/> Serious                                          |      |                                          |         |              |     |       |                |              |           |         |
| <b>Pilot Certificate(s) (Check all that apply)</b>                                                                      |  |                                            |                         |                                       |  | <b>Seat Occupied</b>                                                      |      |                                          |         |              |     |       |                |              |           |         |
| <input type="checkbox"/> None                                                                                           |  | <input type="checkbox"/> Student           |                         | <input type="checkbox"/> Recreational |  | <input type="checkbox"/> Commercial                                       |      | <input type="checkbox"/> Flight Engineer |         |              |     |       |                |              |           |         |
| <input type="checkbox"/> Private                                                                                        |  | <input type="checkbox"/> Flight Instructor |                         | <input type="checkbox"/> Sport        |  | <input type="checkbox"/> Airline Transport                                |      | <input type="checkbox"/> U.S. Military   |         |              |     |       |                |              |           |         |
| <input type="checkbox"/> Foreign                                                                                        |  |                                            |                         |                                       |  | <input type="checkbox"/> Left                                             |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Right                                            |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Center                                           |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Front                                            |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Rear                                             |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Single                                           |      |                                          |         |              |     |       |                |              |           |         |
|                                                                                                                         |  |                                            |                         |                                       |  | <input type="checkbox"/> Unknown                                          |      |                                          |         |              |     |       |                |              |           |         |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                            |                         |                                       |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |      |                                          |         |              |     |       |                |              |           |         |
| PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)                     |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| <b>Name and Address</b>                                                                                                 |  |                                            |                         |                                       |  | Seat                                                                      | Crew | Non-Revenue                              | Revenue | Non-Occupant | FAA | Fatal | Serious Injury | Minor Injury | No Injury | Unknown |
| First Name: <u>BYRON</u>                                                                                                |  |                                            |                         |                                       |  | ✓                                                                         |      |                                          |         |              |     |       |                |              |           |         |
| Middle Initial: _____                                                                                                   |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Last Name: <u>ZAGALLA</u>                                                                                               |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| City: <u>BLAIRSTOWN</u>                                                                                                 |  |                                            |                         |                                       |  | ✓                                                                         |      |                                          |         |              |     |       |                |              |           |         |
| State: <u>NJ</u> ZIP: <u>07825</u>                                                                                      |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Country: <u>USA</u>                                                                                                     |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| First Name: <u>CHRISTIAN</u>                                                                                            |  |                                            |                         |                                       |  | ✓                                                                         |      |                                          |         |              |     |       |                |              |           |         |
| Middle Initial: <u>B</u>                                                                                                |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Last Name: <u>MACEDO</u>                                                                                                |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| City: <u>KISSIMMEE</u>                                                                                                  |  |                                            |                         |                                       |  | ✓                                                                         |      |                                          |         |              |     |       |                |              |           |         |
| State: <u>FL</u> ZIP: <u>34744</u>                                                                                      |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Country: <u>U.S.A.</u>                                                                                                  |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| First Name: <u>ALFREDO</u>                                                                                              |  |                                            |                         |                                       |  | ✓                                                                         |      |                                          |         |              |     |       |                |              |           |         |
| Middle Initial: _____                                                                                                   |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Last Name: <u>HACHAMAH</u>                                                                                              |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| City: <u>BUENOS AIRES</u>                                                                                               |  |                                            |                         |                                       |  | ✓                                                                         |      |                                          |         |              |     |       |                |              |           |         |
| State: _____ ZIP: _____                                                                                                 |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Country: <u>ARGENTINA</u>                                                                                               |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| First Name: _____                                                                                                       |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Middle Initial: _____                                                                                                   |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Last Name: _____                                                                                                        |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| City: _____                                                                                                             |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| State: _____ ZIP: _____                                                                                                 |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Country: _____                                                                                                          |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| First Name: _____                                                                                                       |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Middle Initial: _____                                                                                                   |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Last Name: _____                                                                                                        |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| City: _____                                                                                                             |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| State: _____ ZIP: _____                                                                                                 |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Country: _____                                                                                                          |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| First Name: _____                                                                                                       |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Middle Initial: _____                                                                                                   |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Last Name: _____                                                                                                        |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| City: _____                                                                                                             |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| State: _____ ZIP: _____                                                                                                 |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |
| Country: _____                                                                                                          |  |                                            |                         |                                       |  |                                                                           |      |                                          |         |              |     |       |                |              |           |         |

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

Describe what occurred in chronological order, circumstances leading to accident and nature of accident. Describe terrain and include sketch of wreckage distribution if pertinent. Attach extra sheets if needed. State point of departure, time of departure, intended destination and services obtained.

See Attached sheet

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

Operator/Owner Safety Recommendation

SHOULDER HARNESS RETROFIT SHOULD BE EASIER  
TO HAVE IT INSTALLED. THE PRICE AND PAPERWORK  
NECESSARY FOR ITS INSTALLATION IS FOR THE MOST  
PART, PROHIBITIVE.

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

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

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE****Date of this Report**01/18/2011  
*mm/dd/yyyy***Signature and Name of Pilot/Operator**

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

Type or Print Name: \_\_\_\_\_

WALTER D. MACEY, JR.**Signature and Name of Person Filing Report if Other than Pilot/Operator**

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

Type or Print Name: \_\_\_\_\_

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

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ERA11LA112

Reviewed by NTSB Regional Office

ERA

Name of Investigator

Alleyne

Date Report Received

2/10/2011

January 17, 2011

This is a narrative of the accident involving the 1967 Beech A23-24, **N3670Q**. On January 12, 2011, at about noon time, after obtaining weather and NOTAM information through the NOAA/aviation weather service web site, we did a pre-flight check, which also included draining the fuel lines and checking the oil level, and departed from Kissimmee Airport (KISM) with 3 passengers and I onboard for a pleasure VFR flight to Venice (KVNC) with a first stop in Bartow Airport(KBOW), where we topped off both fuel tanks with approximately 25 gallons of fuel.

We then flew for about 60 minutes to Venice Airport (KVNC) where we stayed for the remainder of the afternoon. After having lunch at a local beach restaurant, we boarded the plane at approximately 4:30 p.m. to head back to Kissimmee Airport (KISM) . We first taxied to an on-field restaurant where two passengers used the restroom, then we taxied to runway 31 because of the favorable winds. We did a pre-flight run-up and all engine gauges such as oil pressure and temperature, magnetos, as well as fuel pressure did not show any evidence of mal-function. We had about 3.5 hours of fuel for the 80 minute flight back to Kissimmee Airport (KISM) .

We then took off and kept on the runway heading until we reached 1500 feet. During climb, I pulled the throttle slightly back and leaned the fuel mixture. There was no evidence of malfunction, as the engine was running smooth, and all the gauges were "on the green". A few minutes after established at that altitude, we made a right-turn to head east, and the engine suddenly quit. I established a glide speed, switched fuel tanks, turned the auxiliary fuel pump on, enriched the mixture to full rich, and squawked "7700". The engine revved briefly but did not re-start. I then made a right-turn heading back to the airport, to realize I would not be able to reach it. I then made a brief left-turn to aim for the beach-shore, facing the wind from the north, but I thought there was a possibility that the plane could hit the houses from not having enough altitude. I then had to turn back to the south, and ditch the plane on the water. We were able to avoid the rocky "beach jetty", but as we approached the water, there was a pack of surfers in the possible crash site. I then kept the left wing slightly low to compensate for the north wind and to try to avoid the surfers. The plane then impacted the water. All four of us managed to exit the plane and walk through the water to the beach. The local residents probably called the authorities.

Afterward we were transported to Venice Regional Medical Center by ambulance, where I had an operation on my right wrist, which was my only injury. The other front seat passenger was released after receiving stitches on his face, and both back passengers were unharmed, which included my three-year-old son. No one on the ground was injured and there was no other property loss other than the airplane itself, according to the Venice Police Department.

Walter Macedo, Jr.

