

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: <u>Frederick</u> State: <u>MD</u> ZIP: <u>21701</u> Country: <u>USA</u> Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)		Date/Time Date: <u>05/01/2014</u> Local Time: <u>1910</u> mm/dd/yyyy Time Zone: <u>EST</u>	
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 <u>3-5 ft hover</u> ft MSL	

AIRCRAFT INFORMATION

Manufacturer: <u>Robinson</u> Model: <u>R22-Beta</u> Serial Number: <u>2270</u> Registration Number: <u>N802CP</u> Amateur-built: ☐ Yes ☒ No		Max Gross Weight: <u>1370</u> lbs Weight at Time of Accident/Incident: <u>1345</u> lbs Location of Center of Gravity at Time of Accident/Incident: <u>97</u> inches from ☐ nose or ☒ datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)	
--	--	---	--

Category of Aircraft ☐ Airplane ☐ Balloon ☐ Blimp/Dirigible ☐ Glider ☒ Gyrocraft ☒ Helicopter ☐ Powered lift ☐ Ultralight ☐ Unknown	Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Utility ☐ Acrobatic ☐ Transport Special ☐ Restricted ☐ Limited ☐ Provisional ☐ Experimental ☐ Special Flight ☐ Light Sport	Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____	Landing Gear ☐ Retractable Check any additional landing gear configuration that applies: ☐ Tricycle ☐ Tailwheel ☐ Amphibian ☐ High Skid ☐ Emergency Float ☒ Skid ☐ Float ☐ Ski ☐ Hull ☐ Ski/Wheel ☐ Unknown
--	---	--	--

Type of Maintenance Program ☒ Annual ☐ Conditional (Amateur-built only) ☐ Manufacturer's Inspection Program ☐ Other Approved Inspection Program (AAIP) ☐ Continuous Airworthiness ☐ Other, specify: _____	Last Inspection Type ☐ 100 Hour ☐ Continuous Airworthiness ☐ AAIP ☐ Conditional Inspection ☒ Annual ☐ Unknown	Date Last Inspection: <u>04/09/2014</u> mm/dd/yyyy Airframe Total Time: <u>6621.4</u> hrs hours measured at (check one) ☒ Last Inspection ☐ Time of Accident/Incident
---	--	---

IFR Equipped ☐ Yes ☒ No ☐ Unknown	Stall Warning System Installed ☒ Yes ☐ No ☐ Unknown	Type of Fire Extinguishing System ☐ None ☒ Specify <u>Hand held</u>
---	---	---

ELT Installed ELT Activated ☐ Yes ☒ No ☐ Yes ☒ No	ELT Manufacturer: _____ Model/Series: <u>NA</u> Serial Number: _____ Battery Type: _____ Battery Exp. Date: _____	
ELT Aided in Locating Accident/Incident ☐ Yes ☒ No		

Engine Type ☒ Reciprocating ☐ Turbo Jet ☐ Turbo Shaft ☐ Turbo Fan ☐ Turbo Prop ☐ Unknown	Reciprocating Fuel System Type ☒ Carburetor ☐ Fuel Injected	Propeller <u>NA</u> ☐ Fixed Pitch ☐ Controllable Pitch Manufacturer: _____ Model: _____
---	---	---

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	<u>Lycoming</u>	<u>G-320B2C</u>	<u>L-16433-39A</u>	<u>11/07/1990</u>	<u>160</u>	<u>9471.8</u>	<u>45.5</u>	<u>45.5</u>
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Advanced Helicopter Concepts</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Fredrick</u> State: <u>MD</u> ZIP: <u>21701</u> Country: <u>USA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☒ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☒ No Air Medical Flight ☐ Yes ☒ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☒ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi <u>NA</u> Domestic or International ☐ Domestic ☐ International	Type of Commercial Operating Certificate Held (Select all that apply) ☒ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft	
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)			
Aircraft Registration Number <u>N802CP</u>	Manufacturer: <u>Robinson</u> Model: <u>R22 BETA</u>	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☒ None <u>NA</u>	
Registered Owner of Other Aircraft First Name: <u>NA</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
Pilot of Other Aircraft First Name: <u>NA</u> City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)			Total Time/Cycles On Part <u>NA</u> Hours ____ Cycles Time Since This Part Inspected/Overhauled <u>NA</u> Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☐ Substantial ☐ Minor ☒ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground	

Description of Damage to Aircraft and Other Property <i>(use additional sheet if necessary)</i> Main Rotors destroyed, Cabin exterior damage, Tail boom Compromised, horizontal stabilizer bent,			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: <u>KFDK</u> Airport Name: <u>Frederick Municipal Airport</u>		Distance From Airport Center: <u>0.5</u> SM Direction From Airport: <u>On airport</u> degrees MAG Airport Elevation: <u>303</u> ft. MSL	
Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On Airstrip			
Approach Segment <i>(Select one)</i> ☐ On Instrument Approach ☐ Landing ☐ Crosswind ☐ Downwind NA ☐ Base leg ☐ Final ☐ Go Around ☐ Low Approach ☐ Aborted Landing (after touchdown)			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ PAR ☐ MLS ☐ Practice ☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS ☐ SDF ☐ ILS ☐ ASR ☐ Loran ☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown ☐ VOR/DME ☐ LOC-back course ☐ Contact ☐ TACAN ☐ RNAV ☐ Circling NA		VFR Approach <i>(Check all that apply)</i> ☒ None ☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop ☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown	
Runway Information NA Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ Dry ☐ Holes ☐ Ice Covered ☐ Rough ☐ Rubber Deposits ☐ Slush Covered ☐ Snow-Compacted ☐ Snow-Crusted ☐ Snow-Dry ☐ Snow-Wet ☐ Soft ☒ Vegetation ☐ Water-Calm ☐ Water-Choppy ☐ Water-Glassy ☒ Wet ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☒ Grass/Turf ☐ Concrete ☐ Gravel ☐ Dirt ☐ Ice NA ☐ Macadam ☐ Metal/Wood ☐ Snow ☐ Water ☐ Unknown			
FLIGHT ITINERARY INFORMATION			
Last Departure Point Airport ID: <u>KFDK</u> City: <u>Frederick</u> State: <u>MD</u> Country: <u>USA</u>		Time of Departure Time: <u>1830</u> Time Zone: <u>EST</u>	
Destination Airport ID: <u>KFDK</u> City: <u>Frederick</u> State: <u>MD</u> Country: <u>USA</u>		Type Flight Plan Filed ☒ None ☐ VFR/IFR ☐ Company VFR ☐ IFR ☐ Military VFR ☐ Unknown ☐ VFR Activated? ☐ Yes ☐ No	
Type of ATC Clearance/Service <i>(Check all that apply)</i> ☒ None ☐ VFR ☐ Special VFR ☐ IFR ☐ Special IFR ☐ VFR On Top ☐ VFR Flight Following ☐ Traffic Advisory ☐ Cruise ☐ Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i> ☐ Class A ☐ Class B ☐ Class C ☒ Class D ☐ Class E ☐ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special ☐ Air Traffic Control Area ☐ Unknown			
Aircraft Load Description <i>(Check all that apply)</i> ☐ None ☒ Passengers ☐ Cargo ☐ Towing Glider ☐ Towing Banner ☐ Other External ☐ Parachutists ☐ Water ☐ Chemical/Fertilizer/Seeds ☐ Livestock ☐ Unknown			
FUEL & SERVICES INFORMATION			
Fuel on Board at Last Takeoff <i>(convert from pounds, as necessary)</i> <u>20</u> Gallons		Fuel Type ☐ 80/87 ☒ 100 Low Lead ☐ 100/130 ☐ 115/145 ☐ Jet A ☐ Automotive ☐ JP3 ☐ JP4 ☐ JP5 ☐ Other, specify _____	
Other Services, if Any, Prior to Departure Standard preflight			

EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No			
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location See attached (instructor statement)			
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE			
Weather Observation Facility Facility ID: <u>KFDK / ATIS</u> Observation Time: <u>Approximately 1830</u> Time Zone: <u>EST</u> Distance from Accident Site: <u>On site</u> NM Direction from Accident Site: <u>On site</u> degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☒ Automated Report / <u>ATIS</u> ☐ Unknown ☐ Commercial Weather Service (DUATS)	
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	
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☒ Unknown ☐ Scattered		Ceiling ☐ None (clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☒ 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 <i>(Check all that apply)</i> ☒ 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/incident 			
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 <i>(Check all that apply)</i> ☒ 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	

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: Gordon City: Huntingdon
 Middle Initial: J State: PA ZIP: 16652
 Last Name: Fleck Country: USA
 Age at time of Accident/Incident: 32 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

Degree of Injury

☐ None
 ☐ Fatal
☒ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

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

Seat Belt

Used ☒ Yes ☐ No
 Available ☒ Yes ☐ No

Shoulder Harness

Used ☒ Yes ☐ No
 Available ☒ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Student
 ☐ Recreational
 ☒ Commercial
 ☐ Flight Engineer
 ☐ Foreign
☐ Private
 ☒ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

☒ Without limitations/waivers
☐ With limitations/waivers
☐ Unknown

Date of Last Medical

06/14/2013
 mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Waivers

None

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

01/18/2014
 mm/dd/yyyy

Flight Review Aircraft

Make: Robinson
 Model: R-22

Airplane Rating(s) (Check all that apply)

☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

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

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

Instrument Rating(s) (Check all that apply)

☐ None
☒ Airplane
☒ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

☐ None
☒ Airplane Single-Engine
☒ Airplane Multi-Engine
☐ Gyroplane
☐ Powered Lift
☒ Instrument Airplane
☒ Instrument Helicopter
☒ Helicopter
☐ Glider
☐ Sport

Type Ratings

NA

Student Endorsements (Include dates)

NA

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	3,060	208	670	1714	158	61	99	690		
Pilot in Command (PIC)	2,990	175	620	1670	142	61	99	650		
Time as Instructor	600	95	250	200	25	5	30	110		
This Make/Model					15	0	16			
Last 90 Days	140	96	0	0	30	0	0	140		
Last 30 Days	47	18.4	0	0	23	0	0	47		
Last 24 Hours	3.2	3.2	0	0	0	0	0	3.2		

Pilot "B" Responsibilities at the Time of Accident/Incident

Pilot "B" Identification

Age at time of Accident/Incident: 50 Date of Birth: Certificate Number:

Degree of Injury

Seat Occupied

Seat Belt

Shoulder Harness

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

Principal Occupation

Medical Certificate

Medical Certificate Validity

Date of Last Medical

Medical Certificate Limitations

Medical Certificate Waivers

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

mm/dd/yyyy

Flight Review Aircraft

Make: _____
Model: _____

Airplane Rating(s)
(Check all that apply)

☐ None
☒ Single-Engine Land
☐ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

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

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

Instrument Rating(s)
(Check all that apply)

☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s)
(Check all that apply)

☐ None ☐ Instrument Airplane
☐ Airplane Single-Engine ☐ Instrument Helicopter
☐ Airplane Multi-Engine ☐ Helicopter
☐ Gyroplane ☐ Glider
☐ Powered Lift ☐ Sport

Type Ratings

Student Endorsements *(Include dates)*

Flight Time (enter appropriate number of hours in each box)

All Aircraft

**This Make
& Model**

**Airplane
Single
Engine**

**Airplane
Multiengine**

Night

Instrument	
Actual	Simulated

Rotorcraft

Glider

Lighter Than Air

Total Time

Pilot in Command (PIC)

Time as Instructor

This Make/Model

Last 90 Days

Last 30 Days

Last 24 Hours

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs													
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs													
Pilot Name and Address First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious										
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign ☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military						Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☐ Single ☐ Unknown										
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs													
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____										
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____										
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____										
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____										
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____										
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____										
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____										
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____						_____										

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

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

See attached (instructor statement)

RECOMMENDATION (How could this accident/incident have been prevented?)

Operator/Owner Safety Recommendation

See attached (employee meeting)

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

05/14/2014

mm/dd/yyyy

Signature and Name of Pilot/Operator

Signature: _____

Type or Print Name: Gordon Fleck

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: J. Keith TharntonTitle: Chief pilot/instructor**FOR NTSB USE ONLY**NTSB Accident/Incident No.
ERA14CA217Reviewed by NTSB Regional Office
ERAName of Investigator
HicksDate Report Received
5/14/2014