

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------|--|
| NATIONAL TRANSPORTATION SAFETY BOARD<br>PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT<br>This form to be used for reporting civil and public use aircraft accidents and incidents                                                                                                                                                                                                                                                                                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                             |  |
| BASIC INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                             |  |
| Accident/Incident Location<br>Nearest City/Place: Petersburg State: VA<br>ZIP: 23803 Country: USA<br>Latitude: 37:12:00N (dd:mm:ss N/S) Longitude: 077:30:20W (ddd:mm:ss E/W)                                                                                                                                                                                                                                                                                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                                                                                                  | Date/Time<br>Date: 05/22/2014 Local Time: 1930<br>mm/dd/yyyy Time Zone: EDT                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                             |  |
| Phase of Operation<br><input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover<br><input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other<br><input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                                                                                                  | Collision with Other Aircraft<br><input type="checkbox"/> Midair<br><input type="checkbox"/> On-ground<br><input checked="" type="checkbox"/> None                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Altitude of In-Flight Occurrence<br>193 ft MSL |                             |  |
| AIRCRAFT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                             |  |
| Manufacturer: Fairchild<br>Model: M82C (PT-23A)<br>Serial Number:<br>Registration Number: N60418 Amateur-built: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                                                                                                  | Max Gross Weight: 2,470 lbs<br>Weight at Time of Accident/Incident: 2,365 lbs<br>Location of Center of Gravity at Time of Accident/Incident:<br>-or- 30 inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum<br>Percent Mean Aerodynamic Cord (% MAC) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                             |  |
| Category of Aircraft<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                                                                             |                     | Type of Airworthiness Certificate<br>(Check all that apply)<br>Standard <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Utility <input type="checkbox"/> Acrobatic <input type="checkbox"/> Transport<br>Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport |                                                                                                                                                                                                                                                                             | Number of Seats: 2<br>If Large Aircraft, how many seats for:<br>Flight Crew: Cabin Crew: Passengers:                             |                                                                                                                                                                                                                                                                              | Landing Gear <input type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><input type="checkbox"/> Tricycle <input checked="" 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 |                                                |                             |  |
| Type of Maintenance Program<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:                                                                                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Last Inspection Type<br><input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown |                                                                                                                                  |                                                                                                                                                                                                                                                                              | Date Last Inspection: 12/12/2013<br>mm/dd/yyyy<br>Airframe Total Time: 4,830 hrs<br>hours measured at (check one)<br><input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident                                                                                                                                                                                                                                                                                                     |                                                |                             |  |
| IFR Equipped<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Stall Warning System Installed<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                      |                                                                                                                                  |                                                                                                                                                                                                                                                                              | Type of Fire Extinguishing System<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Specify                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                             |  |
| ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>ELT Activated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ELT Manufacturer:<br>Model/Series:<br>Serial Number:<br>Battery Type: Battery Exp. Date:                                                                                                                                                                                    |                                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                             |  |
| ELT Aided in Locating Accident/Incident<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                             |  |
| Engine Type<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                                                                                                                                                                                                               |                     | Reciprocating Fuel System Type<br><input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                             | Propeller<br><input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch<br>Manufacturer: Model: |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                             |  |
| Engine                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Engine Manufacturer | Engine Model/Series                                                                                                                                                                                                                                                                                                                                                                                                                                               | Manufacturer's Serial Number                                                                                                                                                                                                                                                | Date of Mfg.<br>mm dd/yyyy                                                                                                       | Engine Rated Power Measured as (check one)<br><input checked="" type="checkbox"/> Horsepower or<br><input type="checkbox"/> lbs of Thrust                                                                                                                                    | Total Time (hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Time Since Inspection (hours)                  | Time Since Overhaul (hours) |  |
| Eng. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Continental         | W670 series                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                  | 220                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20                                             | 591                         |  |
| Eng. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                             |  |
| Eng. 3                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                             |  |
| Eng. 4                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                             |  |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Registered Aircraft Owner</b><br>Name: Virginia Warbirds, LLC<br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Owner Address</b><br>City: Richmond<br>State: VA ZIP: 23227<br>Country: USA                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |
| <b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner<br>Name: Warbirds on Revue, Inc.<br>Doing Business As:<br>Air Carrier/Operator Designator (4 Character Code):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner<br>City: Richmond<br>State: VA ZIP: 23229<br>Country: USA                                                                                                                                                                                                                                                                                                                                                                          |                                                                |
| <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</b><br>for FAR 91, 103, 133, 137 (Select one)<br><input type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input checked="" 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</b><br>for FAR 121, 125, 129, 135 (Select one)<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</b><br>(Check all that apply)<br><input checked="" 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><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><input type="checkbox"/> Other Operator of Large Aircraft            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |
| OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |
| <b>Aircraft Registration Number</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |
| <b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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>____ Hours<br>____ Cycles  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Time Since This Part Inspected/Overhauled</b><br>____ Hours |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |
| <b>Aircraft Damage</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Substantial<br><input type="checkbox"/> Minor <input type="checkbox"/> Destroyed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Aircraft Fire</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                                                                                                                                                                                                                                      |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>Aircraft Explosion</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                                                                                                                                                                                                                                 |                                                                |

**Description of Damage to Aircraft and Other Property** *(use additional sheet if necessary)*

Crack in wood skin of wing. Damage to wood spar.

**AIRPORT INFORMATION** *(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)*

|                                                                                                                                                               |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>Airport Identifier:</b> <u>KPTB</u>                                                                                                                        | <b>Distance From Airport Center:</b> <u>0</u> SM      |
| <b>Airport Name:</b> <u>Dinwiddie County</u>                                                                                                                  | <b>Direction From Airport:</b> <u>n/a</u> degrees MAG |
| <b>Proximity to Airport</b> <input type="checkbox"/> Off Airport/Airstrip <input checked="" type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip | <b>Airport Elevation:</b> <u>193</u> ft. MSL          |

**Approach Segment** *(Select one)*

|                                                 |                                             |                                       |                                                            |                                    |
|-------------------------------------------------|---------------------------------------------|---------------------------------------|------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> On Instrument Approach | <input checked="" type="checkbox"/> Landing | <input type="checkbox"/> Base leg     | <input type="checkbox"/> Final                             | <input type="checkbox"/> Go Around |
| <input type="checkbox"/> Crosswind              | <input type="checkbox"/> Downwind           | <input type="checkbox"/> Low Approach | <input type="checkbox"/> Aborted Landing (after touchdown) |                                    |

|                                                                                                                                            |                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>IFR Approach</b> <i>(Check all that apply)</i>                                                                                          | <b>VFR Approach</b> <i>(Check all that apply)</i>                                            |
| <input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice                  | <input type="checkbox"/> None <input type="checkbox"/> Stop and Go                           |
| <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS               | <input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go    |
| <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran                      | <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing       |
| <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown | <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing    |
| <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact                                 | <input checked="" type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing |
| <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling                                             | <input checked="" type="checkbox"/> Full Stop <input type="checkbox"/> Unknown               |

|                                                                                                                                                 |                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>Runway Information</b>                                                                                                                       | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i>                                            |
| Runway ID: <u>23</u> (L/R/C) Length: _____ ft Width: _____ ft                                                                                   | <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i>                                                                                     | <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy          |
| <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water | <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy        |
| <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown          | <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet                       |
| <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow                                                        | <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown             |
|                                                                                                                                                 | <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation                                          |

**FLIGHT ITINERARY INFORMATION**

|                             |                          |                         |                                                                                                         |
|-----------------------------|--------------------------|-------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b> | <b>Time of Departure</b> | <b>Destination</b>      | <b>Type Flight Plan Filed</b>                                                                           |
| Airport ID: <u>KPTB</u>     | Time: <u>1830</u>        | Airport ID: <u>KPTB</u> | <input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR                               |
| City: <u>Petersburg</u>     | Time Zone: <u>EDT</u>    | City: <u>Petersburg</u> | <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR                                       |
| State: <u>VA</u>            |                          | State: <u>VA</u>        | <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown                                  |
| Country: <u>USA</u>         |                          | Country: <u>USA</u>     | <input type="checkbox"/> VFR <b>Activated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

**Airspace where the accident/incident occurred** *(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"/> Special                |
| <input type="checkbox"/> Class B <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Air Traffic Control Area |
| <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"/> Unknown          |
| <input type="checkbox"/> Class D <input type="checkbox"/> Warning Area <input type="checkbox"/> Airport Advisory Area                                                                                 |

**Aircraft Load Description** *(Check all that apply)*

|                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> None <input type="checkbox"/> Towing Glider <input type="checkbox"/> Parachutists <input type="checkbox"/> Livestock |
| <input 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                                |

**FUEL & SERVICES INFORMATION**

|                                                                                    |                                                                                                                                            |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Fuel on Board at Last Takeoff</b><br><i>(convert from pounds, as necessary)</i> | <b>Fuel Type</b>                                                                                                                           |
| <u>25</u> Gallons                                                                  | <input type="checkbox"/> 80/87 <input type="checkbox"/> 115/145 <input type="checkbox"/> JP3 <input type="checkbox"/> Other, specify _____ |
|                                                                                    | <input checked="" type="checkbox"/> 100 Low Lead <input type="checkbox"/> Jet A <input type="checkbox"/> JP4                               |
|                                                                                    | <input type="checkbox"/> 100/130 <input type="checkbox"/> Automotive <input type="checkbox"/> JP5                                          |

**Other Services, if Any, Prior to Departure**

|                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| EVACUATION OF AIRCRAFT                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Method of Exit – Describe how the occupants exited and how many occupants evacuated each location                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Weather Observation Facility<br>Facility ID: <u>KPTB AWOS-3</u><br>Observation Time: <u>1930</u><br>Time Zone: <u>EDT</u><br>Distance from Accident Site: <u>0</u> NM<br>Direction from Accident Site: <u>n/a</u> degrees MAG                                                                              |  | Source of Weather Information<br>(Check all that apply)<br><input type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> Commercial Weather Service (DUATS)                                                                                                                                                                                                                                                         |  |
| Briefing Type/Completeness<br><input type="checkbox"/> Full <input type="checkbox"/> Abbreviated<br><input type="checkbox"/> Partial / Limited By Pilot <input checked="" type="checkbox"/> Unknown<br><input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent        |  | Light Condition<br><input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night<br><input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night<br><input type="checkbox"/> Not Reported                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Sky/Lowest Cloud Condition<br><input type="checkbox"/> Clear <input type="checkbox"/> Thin Broken<br><input checked="" type="checkbox"/> Few <input type="checkbox"/> Thin Overcast<br><input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown<br><input type="checkbox"/> Scattered |  | Ceiling<br><input checked="" type="checkbox"/> None (clear) <input type="checkbox"/> Obscured<br><input type="checkbox"/> Broken <input type="checkbox"/> Indefinite<br><input type="checkbox"/> Overcast <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Lowest Cloud Condition Height<br><u>6,000</u> ft AGL                                                                                                                                                                                                                                                       |  | Ceiling Height<br><u>        </u> ft AGL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Wind Direction<br><input checked="" type="checkbox"/> Indicated: <u>240</u> degrees MAG<br><input type="checkbox"/> Variable                                                                                                                                                                               |  | Wind Speed<br>Velocity: <u>10</u> KTS<br>-or-<br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Wind Gusts<br>Velocity: <u>15</u> KTS<br><input checked="" type="checkbox"/> Gusting<br><input type="checkbox"/> Not Gusting                                                                                                                                                                               |  | Type of Turbulence (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> In Clouds<br><input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm<br>Severity of Turbulence<br><input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light<br><input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop                                                                                                                                                                                                                                                                                                            |  |
| NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| none                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Temperature: <u>        </u> (C)<br>or <u>80</u> (F)<br>Altimeter Setting: <u>        </u> in. HG<br>or <u>        </u> MB<br>Density Altitude: <u>1,500</u> ft<br>Dew Point: <u>        </u> (C)<br>or <u>        </u> (F)                                                                                |  | Icing Forecast<br>Amount    Type<br><input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime<br><input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear<br><input type="checkbox"/> Light <input type="checkbox"/> Mixed<br>Icing Actual<br>Amount    Type<br><input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime<br><input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear<br><input type="checkbox"/> Light <input type="checkbox"/> Mixed                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                            |  | Type of Precipitation (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals<br><input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle<br>Intensity of Precipitation<br><input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |  |

| PILOT "A" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |            |        |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|--------|------------------|
| Pilot "A" Responsibilities at the Time of Accident/Incident<br><input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |            |        |                  |
| Pilot "A" Identification<br>First Name: Patrick<br>Middle Initial: J<br>Last Name: Riley<br>Age at time of Accident/Incident: 54    Date of Birth: [REDACTED] 1959<br>City: Richmond<br>State: VA    ZIP: 23229<br>Country: USA<br>Certificate Number:                                                                                                                                                                                                                                  |              |                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |            |        |                  |
| Degree of Injury<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                                                                                                                                                                                                                      |              | Seat Occupied<br><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single                                                                         |                                                          | Seat Belt<br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No                                                     |       | Shoulder Harness<br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                 |     |            |        |                  |
| Pilot Certificate(s) (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input checked="" type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |              |                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |            |        |                  |
| Principal Occupation<br><input type="checkbox"/> Pilot<br><input checked="" type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                 |              | Medical Certificate<br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown                                                               |                                                          | Medical Certificate Validity<br><input type="checkbox"/> Without limitations/waivers<br><input checked="" type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown                        |       | Date of Last Medical<br>05/06/2014<br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |            |        |                  |
| Medical Certificate Limitations<br>reading glasses                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |            |        |                  |
| Medical Certificate Waivers                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |            |        |                  |
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:<br>12/21/2013<br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                      | Flight Review Aircraft<br>Make: Technam<br>Model: P2006T |                                                                                                                                                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |            |        |                  |
| Airplane Rating(s)<br>(Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                               |              | Other Aircraft Rating(s)<br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input checked="" type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                          | Instrument Rating(s)<br>(Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |       | Instructor Rating(s)<br>(Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane Single-Engine<br><input checked="" type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input checked="" type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |     |            |        |                  |
| Type Ratings                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                 |       | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | Rotorcraft | Glider | Lighter Than Air |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1,600        | 60                                                                                                                                                                                                                                                                                                                                   | 1,550                                                    | 50                                                                                                                                                                                                              | 100   | 85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 90  |            | 30     |                  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1,550        | 60                                                                                                                                                                                                                                                                                                                                   | 1,510                                                    | 40                                                                                                                                                                                                              | 98    | 80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 90  |            | 20     |                  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 440          | 15                                                                                                                                                                                                                                                                                                                                   | 430                                                      | 10                                                                                                                                                                                                              | 20    | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 200 |            |        |                  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                                                                                                 | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0   |            |        |                  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 60           | 11                                                                                                                                                                                                                                                                                                                                   | 45                                                       | 15                                                                                                                                                                                                              | 2     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5   |            | 0      |                  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 25           | 3                                                                                                                                                                                                                                                                                                                                    | 15                                                       | 10                                                                                                                                                                                                              | 2     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2   |            | 0      |                  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1            | 1                                                                                                                                                                                                                                                                                                                                    | 1                                                        | 0                                                                                                                                                                                                               | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0   |            | 0      |                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|--------|------------------|
| PILOT "B" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| Pilot "B" Responsibilities at the Time of Accident/Incident<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                                                                         |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| Pilot "B" Identification                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| First Name: Lee                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               | City: Richmond                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| Middle Initial: J                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               | State: VA      ZIP: 23227                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| Last Name: Granger                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               | Country: USA                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| Age at time of Accident/Incident: 68                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               | Date of Birth: 1946                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Certificate Number:                                                                                                                                       |           |            |        |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| Degree of Injury                                                                                                                                                                                                                                                                                                                                                                                                              |  | Seat Occupied                                                                                                                                                                                                                                                       |                   |                                                                                                                                                               | Seat Belt                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Shoulder Harness                                                                                                                                          |           |            |        |                  |
| <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                                                                                                                                                                                |  | <input 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                         |                   |                                                                                                                                                               | Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |           |            |        |                  |
| Pilot Certificate(s) (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| <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 |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| Principal Occupation                                                                                                                                                                                                                                                                                                                                                                                                          |  | Medical Certificate                                                                                                                                                                                                                                                 |                   |                                                                                                                                                               | Medical Certificate Validity                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date of Last Medical                                                                                                                                      |           |            |        |                  |
| <input type="checkbox"/> Pilot<br><input checked="" type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input checked="" type="checkbox"/> Class 2 <input type="checkbox"/> Unknown                     |                   |                                                                                                                                                               | <input type="checkbox"/> Without limitations/waivers<br><input checked="" type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown  |                                                                                                                                                                                                                                                                                                                                                                                                                                 | 06/03/2013<br>mm/dd/yyyy                                                                                                                                  |           |            |        |                  |
| Medical Certificate Limitations                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| eye glasses                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| Medical Certificate Waivers                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:                                                                                                                                                                                                                                                                                                                                                       |  | Flight Review Aircraft                                                                                                                                                                                                                                              |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| 10/18/2013<br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                      |  | Make: Cessna<br>Model: 172                                                                                                                                                                                                                                          |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| Airplane Rating(s)<br>(Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                  |  | Other Aircraft Rating(s)<br>(Check all that apply)                                                                                                                                                                                                                  |                   | Instrument Rating(s)<br>(Check all that apply)                                                                                                                |                                                                                                                                                           | Instructor Rating(s)<br>(Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                           |           |            |        |                  |
| <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                                                                                                                                                                                                |  | <input 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 |                   | <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                           | <input 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><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |                                                                                                                                                           |           |            |        |                  |
| Type Ratings                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           | 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                                                                                                                                                |           | Rotorcraft | Glider | Lighter Than Air |
|                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Actual                                                                                                                                                    | Simulated |            |        |                  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 413                                                                                                                                                                                                                                                                 | 11                | 413                                                                                                                                                           | 0                                                                                                                                                         | 26                                                                                                                                                                                                                                                                                                                                                                                                                              | 10                                                                                                                                                        | 50        |            |        |                  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                        |  | 359                                                                                                                                                                                                                                                                 | 0                 | 359                                                                                                                                                           | 0                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                            |  | 0                                                                                                                                                                                                                                                                   | 0                 | 0                                                                                                                                                             | 0                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                               |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |           |            |        |                  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 12                                                                                                                                                                                                                                                                  | 5                 | 12                                                                                                                                                            | 0                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                                                                                         | 0         |            |        |                  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 3                                                                                                                                                                                                                                                                   | 2                 | 3                                                                                                                                                             | 0                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |           |            |        |                  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 0                                                                                                                                                                                                                                                                   | 0                 | 0                                                                                                                                                             | 0                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |           |            |        |                  |

| ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)                                                                                                                 |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Pilot Name and Address                                                                                                                                                                                             |  |  |  | Degree of Injury                                                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 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                                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Pilot Certificate(s) (Check all that apply)                                                                                                                                                                        |  |  |  | Seat Occupied                                                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <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 |  |  |  | <input type="checkbox"/> Left <input type="checkbox"/> Front    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <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"/> Right <input type="checkbox"/> Rear    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                   |  |  |  | <input type="checkbox"/> Center <input type="checkbox"/> Single |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Total Flight Time at the Time of this Accident/Incident: _____ hrs                                                                                                                                                 |  |  |  | <input type="checkbox"/> Unknown                                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Pilot Name and Address                                                                                                                                                                                             |  |  |  | Degree of Injury                                                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 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                                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Pilot Certificate(s) (Check all that apply)                                                                                                                                                                        |  |  |  | Seat Occupied                                                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <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 |  |  |  | <input type="checkbox"/> Left <input type="checkbox"/> Front    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <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"/> Right <input type="checkbox"/> Rear    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                   |  |  |  | <input type="checkbox"/> Center <input type="checkbox"/> Single |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Total Flight Time at the Time of this Accident/Incident: _____ hrs                                                                                                                                                 |  |  |  | <input type="checkbox"/> Unknown                                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Pilot Name and Address                                                                                                                                                                                             |  |  |  | Degree of Injury                                                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 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                                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Pilot Certificate(s) (Check all that apply)                                                                                                                                                                        |  |  |  | Seat Occupied                                                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <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 |  |  |  | <input type="checkbox"/> Left <input type="checkbox"/> Front    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <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"/> Right <input type="checkbox"/> Rear    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                   |  |  |  | <input type="checkbox"/> Center <input type="checkbox"/> Single |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Total Flight Time at the Time of this Accident/Incident: _____ hrs                                                                                                                                                 |  |  |  | <input type="checkbox"/> Unknown                                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)                                                                                                                |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Name and Address                                                                                                                                                                                                   |  |  |  | Seat                                                            | Crew                     | Non-Revenue              | Revenue                  | Non-Occupant             | FAA                      | Fatal                    | Serious Injury           | Minor Injury             | No Injury                | Unknown                  |
| First Name: _____ City: _____                                                                                                                                                                                      |  |  |  | _____                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Middle Initial: _____ State: _____ ZIP: _____                                                                                                                                                                      |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                                                                                                                    |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                                                                                                                      |  |  |  | _____                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Middle Initial: _____ State: _____ ZIP: _____                                                                                                                                                                      |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                                                                                                                    |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                                                                                                                      |  |  |  | _____                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Middle Initial: _____ State: _____ ZIP: _____                                                                                                                                                                      |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                                                                                                                    |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                                                                                                                      |  |  |  | _____                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Middle Initial: _____ State: _____ ZIP: _____                                                                                                                                                                      |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                                                                                                                    |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                                                                                                                      |  |  |  | _____                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Middle Initial: _____ State: _____ ZIP: _____                                                                                                                                                                      |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                                                                                                                    |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                                                                                                                      |  |  |  | _____                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Middle Initial: _____ State: _____ ZIP: _____                                                                                                                                                                      |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Last Name: _____ Country: _____                                                                                                                                                                                    |  |  |  |                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| First Name: _____ City: _____                                                                                                                                                                                      |  |  |  | _____                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 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.

Patrick Riley was training Lee Granger for tail wheel endorsement and insurance sign off to fly N60418. Both pilots are owners of the aircraft and Granger had approximately 10 hours of dual training in N60418 at the time of the accident including an hour of take off/landings immediately prior to the incident. Granger had performed to a satisfactory level and Riley was prepared to provide necessary sign offs. However, do to windy conditions, Riley offered to take controls to demonstrate a stabilized approach so Granger could focus on the visual clues. Riley took control of aircraft and flew the pattern uneventfully until approximately 50ft from surface of the runway when surface winds sheared to light from the steady headwinds above the runway surface. The windshear was a distinct change in the conditions pilots had experienced in earlier circuits. The aircraft descended rapidly and Riley commenced go around procedures, but was unable to generate sufficient power to avoid bouncing on the runway before climbing out to complete another circuit and land. Riley taxied to the ramp, shut down the engine and inspected the airplane and found no visible damage. Both pilots agreed the aircraft landed "hard" but not to such a degree that we suspected any damage much less structural damage. When nothing was found Granger re-started the engine and flew another circuit around the pattern. Riley signed Granger off for his tailwheel endorsement. Grange flew one more uneventful solo take off and landing. As Granger taxied to the hanger and Riley approached, Riley noticed foot long cracks on the underside of each wing extending out from the landing gear struts.

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

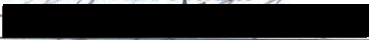
Operator/Owner Safety Recommendation

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

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

The age and construction of this 70+ year old wooden/tube/fabric aircraft may have contributed to the amount of damage sustained.

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

|                                                                       |                                                                                                                                                                                      |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date of this Report</b><br>07/01/2014<br><small>mm/dd/yyyy</small> | <b>Signature and Name of Pilot/Operator</b><br>Signature: <br>Type or Print Name: Patrick J Riley |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Signature and Name of Person Filing Report if Other than Pilot/Operator</b><br>Signature: _____<br>Type or Print Name: _____<br>Title: _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------|

| FOR NTSB USE ONLY                               |                                                   |                                        |                                           |
|-------------------------------------------------|---------------------------------------------------|----------------------------------------|-------------------------------------------|
| <b>NTSB Accident/Incident No.</b><br>ERA14CA320 | <b>Reviewed by NTSB Regional Office</b><br>ERA-VA | <b>Name of Investigator</b><br>D. Diaz | <b>Date Report Received</b><br>07/01/2014 |