

# NATIONAL TRANSPORTATION SAFETY BOARD

## NTSB Form 6120.1

### PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

The pilot/operator aircraft accident/incident report may be filed by mailing in this form, per instructions on the last page. Copies of this form may be obtained from the NTSB Web site <<http://www.nts.gov>>, the National Transportation Safety Board Regional Offices, and the Federal Aviation Administration Flight Standards District Offices.

Rules pertaining to aircraft accidents/incidents, overdue aircraft, and safety issues are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operators.

#### A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Regional Office of the National Transportation Safety Board nearest the accident or incident for which immediate notification is required by section 830.5(a). **The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when, after seven (7) days, an overdue aircraft is still missing.** An aircraft accident, as defined in 49CFR 830.2, is determined as an occurrence that involves a fatality, serious injury, or substantial damage. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, National Transportation Safety Board, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The Pilot/Operator Aircraft Accident/Incident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that **ALL** questions be answered completely and accurately to serve the above purposes.

#### B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 C.F.R. 830.2.

2. "Substantial Damage" means damage or failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

#### INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

**It is necessary that ALL questions on this report be answered completely and accurately.  
If more space is needed, continue on a blank sheet.**

**Nearest City/Place:** Use the name of the nearest community that has a Post Office in the state where the accident/incident occurred.

**Date & Time:** Indicate the date and local time of the event. Be sure to indicate the time zone.

**Phase of Operation:** Indicate the phase of operation during which the accident/incident occurred.

**Aircraft Information:** Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of manufacturer of the kit or plans when appropriate.

**Max Gross Weight:** Enter the certificated max gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

**Airworthiness Certificate:** For light sport aircraft, if aircraft certificated as "Light Sport - Experimental", check both the "Light Sport" and "Experimental" check boxes.

**Type of Fire Extinguishing System:** If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle,

cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

**Engine:** Enter engine make and model information as indicated on the engine data plate.

**Owner/Operator Information:** Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "Doing Business as" when applicable, as shown on the operator certificate.

**Revenue Sightseeing Flight:** Indicate whether the accident aircraft was conducting revenue sightseeing operations under FAR Part 91 at the time of the accident.

**Public Use:** Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Military operations should not be included under public use. If public use, also indicate whether the flight was conducted by Federal, State, or Local government.

**Air Medical Flight:** Indicate whether accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

**Purpose of Flight (FAR 91, 103, 133, 137):** Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

**PERSONAL**—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

**BUSINESS**—Includes all personal flying **without** a paid, professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

**EXECUTIVE/CORPORATE**—Company flying **with** a paid, professional crew.

**OTHER WORK USE**—Miscellaneous flight operations conducted for compensation or hire such as construction work (not FAR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

**INSTRUCTIONAL**—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

**FERRY**—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

**POSITIONING**—Non-revenue flight conducted for the primary purpose of moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

**AERIAL APPLICATION**—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

**AERIAL OBSERVATION**—Aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

**AIR DROP**—Aerial operations, other than aerial application, that are intended to release items in flight.

**AIR RACE/SHOW**—Includes any flight operations conducted as part of an organized air race or public demonstration.

**FLIGHT TEST**—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component, or evaluating an applicant for a pilot certificate or rating.

**PUBLIC USE**—See definition above.

**UNKNOWN**—Use only if the primary purpose of flight is not known.

**Other Aircraft - Collision:** For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

**Airport Information:** Complete this section if the accident/incident occurred on approach, takeoff, or within 3 miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

**Airport Identification:** Provide the official 3 or 4 character airport identifier.

**Runway:** Indicate the number of the runway used, including L, R, or C if applicable.

**Runway/Landing Surface:** Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

**Condition of Runway/Landing Surface:** Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

**Weather Information at the Accident/Incident Site:** Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident site.

**Sky/Lowest Cloud Condition:** Indicate the height above ground level of the lowest cloud condition present at the time of the accident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident (reported as broken or overcast).

**NOTAMs ((D), (L) and FDC), AIRMETs, SIGMETs, PIREPs:** Describe all NOTAMs, AIRMETs, SIGMETs, PIREPs in effect near the accident/incident. For NOTAMs, state if they were distant (D), local (L), or Flight Data Center (FDC), if known.

**Pilot Information:** Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Pilot A" and "Pilot B" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

**Degree of Injury:** See Definitions on the top half of Page 1 of the Instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

**Date of Last Flight Review or Equivalent:** Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

**Type Ratings:** List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none". If the pilot holds a pilot certificate other than student, and was flying an aircraft requiring an endorsement enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

**Student Endorsements:** If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

**Flight Time:** Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor".

**Additional Flight Crew Members:** Complete this section if there were more than two required flight crew members on the aircraft. This also includes a check airman performing official duties, but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

**Passenger(s)/Other Personnel:** Please enter identification and injury severity information for all passengers and other personnel involved in the accident. See page 1 of the instructions for the official definition of injury levels. Occupants are considered "Revenue" passengers if they were being carried for compensation or hire. The option "FAA" refers to any FAA personnel performing a flight related function, including flight check, airman practical test, etc.

Several questions throughout the form allow for multiple responses; when appropriate choose all responses that apply.

These instructions only pertain to major issue areas covered by the NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report*. For additional definitions of questions and responses, please refer to <<http://www.nts.gov>>.

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

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

**BASIC INFORMATION**

**Accident/Incident Location**

Nearest City/Place: Daytona Beach State: FL  
ZIP: 32114 Country: USA  
Latitude: \_\_\_\_\_ (dd:mm:ss N/S) Longitude: \_\_\_\_\_ (ddd:mm:ss E/W)

**Date/Time**

Date: 06/09/2014 Local Time: \_\_\_\_\_  
*mm/dd/yyyy* Time Zone: EDT

**Phase of Operation**

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

**Collision with Other Aircraft**

☐ Midair  
☐ On-ground  
☒ None

**Altitude of In-Flight Occurrence**

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

**AIRCRAFT INFORMATION**

Manufacturer: Cessna

Model: 172SP

Serial Number: \_\_\_\_\_

Registration Number: N5524L

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: \_\_\_\_\_ lbs

Weight at Time of Accident/Incident: \_\_\_\_\_ lbs

Location of Center of Gravity at Time of Accident/Incident:

\_\_\_\_\_ inches from ☐ nose or ☐ datum  
-or- \_\_\_\_\_ Percent Mean Aerodynamic Cord (% MAC)

**Category of Aircraft**

☒ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☐ Gyrocraft  
☐ Helicopter  
☐ Powered lift  
☐ Ultralight  
☐ Unknown

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

**Standard**

☒ Normal  
☐ Utility  
☐ Acrobatic  
☐ Transport

**Special**

☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Experimental  
☐ Special Flight  
☐ Light Sport

Number of Seats: 4

If Large Aircraft, how many seats for:

Flight Crew: \_\_\_\_\_

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

**Landing Gear** ☐ Retractable

Check any additional landing gear configuration that applies:

☒ Tricycle ☐ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Unknown

**Type of Maintenance Program**

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

**Last Inspection Type**

☐ 100 Hour ☐ Continuous Airworthiness  
☐ AAIP ☐ Conditional Inspection  
☐ Annual ☐ Unknown

Date Last Inspection: \_\_\_\_\_  
*mm/dd/yyyy*

Airframe Total Time: \_\_\_\_\_ hrs

hours measured at (check one)

☐ Last Inspection ☐ Time of Accident/Incident

**IFR Equipped**

☒ Yes ☐ No ☐ Unknown

**Stall Warning System Installed**

☒ Yes ☐ No ☐ Unknown

**Type of Fire Extinguishing System**

☒ None  
☐ Specify \_\_\_\_\_

**ELT Installed**

☒ Yes ☐ No

**ELT Activated**

☐ Yes ☐ No

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

Model/Series: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Battery Type: \_\_\_\_\_ Battery Exp. Date: \_\_\_\_\_

**Engine Type**

☒ Reciprocating ☐ Turbo Jet  
☐ Turbo Shaft ☐ Turbo Fan  
☐ Turbo Prop ☐ Unknown

**Reciprocating Fuel System Type**

☐ Carburetor  
☒ Fuel Injected

**Propeller**

☒ Fixed Pitch  
☐ Controllable Pitch

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

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

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm dd/yyyy</i> | Engine Rated Power Measured as (check one)<br><input type="checkbox"/> Horsepower or<br><input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 |                     |                     |                              |                                   |                                                                                                                                |                    |                               |                             |
| Eng. 2 |                     |                     |                              |                                   |                                                                                                                                |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                                   |                                                                                                                                |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                                   |                                                                                                                                |                    |                               |                             |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Registered Aircraft Owner</b><br>Name: <u>Bravo Leasing LLC</u><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Owner Address</b><br>City: <u>Daytona Beach</u><br>State: <u>FL</u> ZIP: <u>32114</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner<br>Name: <u>Phoenix East Aviation, LLC</u><br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): <u>PHXA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <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 type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><br><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><br><input type="checkbox"/> Other Operator of Large Aircraft |
| 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 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>_____<br>Hours<br>_____<br>Cycles<br><br><b>Time Since This Part Inspected/Overhauled</b><br>_____<br>Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Aircraft Damage</b><br><input type="checkbox"/> None <input type="checkbox"/> Substantial<br><input type="checkbox"/> Minor <input checked="" type="checkbox"/> Destroyed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Aircraft Fire</b><br><input 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 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)                                                                                                                |                                                                                                                                            |                                                                                                              |                                                                        |
| AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)                                                                     |                                                                                                                                            |                                                                                                              |                                                                        |
| Airport Identifier: KDAB                                                                                                                                                                                |                                                                                                                                            | Distance From Airport Center: _____ SM                                                                       |                                                                        |
| Airport Name: Daytona Beach International Airport                                                                                                                                                       |                                                                                                                                            | Direction From Airport: _____ degrees MAG                                                                    |                                                                        |
| Proximity to Airport <input type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip                                                             |                                                                                                                                            | Airport Elevation: _____ 34 ft. MSL                                                                          |                                                                        |
| Approach Segment (Select one)                                                                                                                                                                           |                                                                                                                                            |                                                                                                              |                                                                        |
| <input type="checkbox"/> On Instrument Approach <input 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)                                   |                                                                                                                                            |                                                                                                              |                                                                        |
| IFR Approach (Check all that apply)                                                                                                                                                                     |                                                                                                                                            | VFR Approach (Check all that apply)                                                                          |                                                                        |
| <input checked="" 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 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 type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing                            |                                                                        |
| <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling                                                                                                          |                                                                                                                                            | <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown                                          |                                                                        |
| Runway Information                                                                                                                                                                                      |                                                                                                                                            | Condition of Runway/Landing Surface (Check all that apply)                                                   |                                                                        |
| Runway ID: 7R (L/R/C) Length: _____ ft Width: _____ ft                                                                                                                                                  |                                                                                                                                            | <input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm     |                                                                        |
| Runway/Landing Surface (Check all that apply)                                                                                                                                                           |                                                                                                                                            | <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy   |                                                                        |
| <input 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                                                                                                                                                                            |                                                                                                                                            |                                                                                                              |                                                                        |
| Last Departure Point                                                                                                                                                                                    | Time of Departure                                                                                                                          | Destination                                                                                                  | Type Flight Plan Filed                                                 |
| Airport ID: _____                                                                                                                                                                                       | Time: _____                                                                                                                                | Airport ID: _____                                                                                            | <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR         |
| City: _____                                                                                                                                                                                             | Time Zone: _____                                                                                                                           | City: _____                                                                                                  | <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR      |
| State: _____                                                                                                                                                                                            |                                                                                                                                            | State: _____                                                                                                 | <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown |
| Country: _____                                                                                                                                                                                          |                                                                                                                                            | Country: _____                                                                                               | <input type="checkbox"/> VFR                                           |
| Type of ATC Clearance/Service (Check all that apply)                                                                                                                                                    |                                                                                                                                            |                                                                                                              |                                                                        |
| <input 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 type="checkbox"/> Class G <input type="checkbox"/> Restricted Area <input type="checkbox"/> TRSA <input type="checkbox"/> Air Traffic Control Area              |                                                                                                                                            |                                                                                                              |                                                                        |
| <input checked="" 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 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                                                                                                                                                                             |                                                                                                                                            |                                                                                                              |                                                                        |
| Fuel on Board at Last Takeoff (convert from pounds, as necessary)                                                                                                                                       | Fuel Type                                                                                                                                  |                                                                                                              |                                                                        |
| _____ 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                                                                                                                                                              |                                                                                                                                            |                                                                                                              |                                                                        |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        |                                                                                                                                                               |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------|------------------|
| PILOT "A" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        |                                                                                                                                                               |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
| Pilot "A" Responsibilities at the Time of Accident/Incident                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        |                                                                                                                                                               |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        |                                                                                                                                                               |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
| First Name: <u>Marlene</u>                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        | City: <u>Daytona Beach</u>                                                                                                                                    |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
| Middle Initial: <u>C</u>                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        | State: <u>FL</u>                                                                                                                                              |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ZIP: <u>32118</u>                                                                                                                   |                                                                                                                                     |        |                  |
| Last Name: <u>Mork</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        | Country: <u>USA</u>                                                                                                                                           |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
| Age at time of Accident/Incident: <u>22</u>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        | Date of Birth: <u>                    </u><br><small>mm/dd/yyyy</small>                                                                                       |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Certificate Number: <u>                    </u>  |                                                                                                                                     |        |                  |
| Degree of Injury                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                | Seat Occupied                                                                                                                                                                                                                                          |                        |                                                                                                                                                               | Seat Belt                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     | Shoulder Harness                                                                                                                    |        |                  |
| <input type="checkbox"/> None <input checked="" 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 checked="" type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single |                        |                                                                                                                                                               | Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     | Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input 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 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                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Medical Certificate                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                        |                        | Medical Certificate Validity                                                                                                                                  |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date of Last Medical                                                                                                                |                                                                                                                                     |        |                  |
| <input checked="" type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown                                |                                                                                                                                                                                                                                                        |                        | <input checked="" type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown      |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 01/28/2014<br><small>mm/dd/yyyy</small>                                                                                             |                                                                                                                                     |        |                  |
| Medical Certificate Limitations                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        |                                                                                                                                                               |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
| none                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        |                                                                                                                                                               |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
| Medical Certificate Waivers                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        |                                                                                                                                                               |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
| none                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        |                                                                                                                                                               |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>05/06/2014</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        | Flight Review Aircraft                                                                                                                                        |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        | Make: <u>Diamond</u>                                                                                                                                          |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        | Model: <u>DA-42</u>                                                                                                                                           |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
| 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 checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                |  | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                                                                                        |                        | <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 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)                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
| none                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        |                                                                                                                                                               |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                                                                                                     |        |                  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 1,168                                                                                                                                                                                                                                                                          | 922                                                                                                                                                                                                                                                    | 1,084                  | 83                                                                                                                                                            | 101                                                                                                                                 | 60                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 69                                                                                                                                  |                                                                                                                                     |        |                  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 1,037                                                                                                                                                                                                                                                                          | 867                                                                                                                                                                                                                                                    | 1,030                  | 45                                                                                                                                                            | 96                                                                                                                                  | 60                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 55                                                                                                                                  |                                                                                                                                     |        |                  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 884                                                                                                                                                                                                                                                                            | 740                                                                                                                                                                                                                                                    | 880                    | 4                                                                                                                                                             | 78                                                                                                                                  | 53                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                   |                                                                                                                                     |        |                  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |                        |                                                                                                                                                               | 88                                                                                                                                  | 58                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 54                                                                                                                                  |                                                                                                                                     |        |                  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 130                                                                                                                                                                                                                                                                            | 108                                                                                                                                                                                                                                                    | 125                    | 5                                                                                                                                                             | 2                                                                                                                                   | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                                   |                                                                                                                                     |        |                  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 39                                                                                                                                                                                                                                                                             | 27                                                                                                                                                                                                                                                     | 35                     | 4                                                                                                                                                             | 0                                                                                                                                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                                   |                                                                                                                                     |        |                  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 0                                                                                                                                                                                                                                                                              | 0                                                                                                                                                                                                                                                      | 0                      | 0                                                                                                                                                             | 0                                                                                                                                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                                   |                                                                                                                                     |        |                  |

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

### Pilot "B" Identification

Age at time of Accident/Incident: 22 Date of Birth: mm/dd/yyyy Certificate Number:                     

|                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                |                                                                                                                                                         |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Degree of Injury</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious | <b>Seat Occupied</b><br><input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single | <b>Seat Belt</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Shoulder Harness</b><br>Used <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

Pilot Certificate(s) (Check all that apply)

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

|                                                                                                                 |                                                                                                                                                                                                                                                 |                                                                                                                                                          |                                             |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>Principal Occupation</b>                                                                                     | <b>Medical Certificate</b>                                                                                                                                                                                                                      | <b>Medical Certificate Validity</b>                                                                                                                      | <b>Date of Last Medical</b>                 |
| <input checked="" type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown | <input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown | <div>10/11/2012</div> <div>mm/dd/yyyy</div> |

### Medical Certificate Limitations

none

## Medical Certificate Waivers

none

Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks: 05/27/2014

### Flight Review Aircraft

Make: Cessna  
Model: 172SP

|                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift | <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 <i>(Include dates)</i> |
|--------------|---------------------------------------------|
| none         |                                             |

[illegible]

**ADDITIONAL FLIGHT CREW MEMBERS** (Exclusive of cabin attendants, complete the following information)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Pilot Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Degree of Injury</b>                                                                                                                                                                                                                                     |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                         |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |  | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                   |  |
| <b>Pilot Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Degree of Injury</b>                                                                                                                                                                                                                                     |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                         |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |  | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                   |  |
| <b>Pilot Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Degree of Injury</b>                                                                                                                                                                                                                                     |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                         |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |  | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                   |  |

**PASSENGER(S) / OTHER PERSONNEL** (Include flight attendants; continue on separate sheet if necessary)

| Name and Address                                                                                                  | Seat  | Crew<br>Non-<br>Revenue<br>Revenue<br>Non-<br>Occupant<br>FAA                                                                | Fatal<br>Serious<br>Injury<br>Minor<br>Injury<br>No Injury<br>Unknown                                                        |
|-------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <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"/> |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____ | _____ | <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"/> |

**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.

**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.

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

|                                              |                                                                                              |
|----------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>Date of this Report</b><br><br>mm/dd/yyyy | <b>Signature and Name of Pilot/Operator</b><br>Signature: _____<br>Type or Print Name: _____ |
|----------------------------------------------|----------------------------------------------------------------------------------------------|

|                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <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>ERA14FA283 | <b>Reviewed by NTSB Regional Office</b><br>ERA | <b>Name of Investigator</b><br>Alleyne | <b>Date Report Received</b><br>6/10/2014 |
|-------------------------------------------------|------------------------------------------------|----------------------------------------|------------------------------------------|