

# 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: Trenton State: SC

ZIP: \_\_\_\_\_ Country: US

Latitude: \_\_\_\_\_ (00:00:00 N/S) Longitude: \_\_\_\_\_ (000:00:00 E/W)

### Date/Time

Date: 12-2-2013 Local Time: 1530

mm/dd/yyyy

Time Zone: Eastern

### 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

1400 ft MSL

## WEATHER INFORMATION AT THE ACCIDENT SITE

### Weather Observation Facility

Facility ID: KPNL

Observation Time: 1500

Time Zone: Eastern

Distance from Accident Site: 12 NM

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

### Source of Weather Information

(Check all that apply)

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

### Method of Briefing

(Check all that apply)

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

### Briefing Type/Completeness

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

### Light Condition

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

### Visibility

10 miles

### Sky/Lowest Cloud Condition

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

### Ceiling

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

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

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

### Lowest Cloud Condition Height

ft AGL

### Ceiling Height

None ft AGL

### Wind Direction

☐ Indicated: \_\_\_\_\_ degrees MAG

☒ Variable

### Wind Speed

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

-or-

☐ Calm  
☒ Light and Variable

### Wind Gusts

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

☐ Gusting  
☒ Not Gusting

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

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

### Severity of Turbulence

☐ Extreme ☐ Moderate ☐ Light  
☐ Severe ☐ Moderate Chop

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

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

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

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

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

### Icing Forecast

Amount

☒ None ☐ Moderate  
☐ Trace ☐ Severe  
☐ Light

Type

☐ Rime  
☐ Clear  
☐ Mixed

### Icing Actual

Amount

☒ None ☐ Moderate  
☐ Trace ☐ Severe  
☐ Light

Type

☐ Rime  
☐ Clear  
☐ Mixed

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

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

### Intensity of Precipitation

☐ Light ☐ Moderate ☐ Heavy

| AIRCRAFT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
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| <b>Manufacturer:</b> <u>Oscar P. Moffitt</u><br><b>Model:</b> <u>PT 2</u><br><b>Serial Number:</b> <u>1072</u><br><b>Registration Number:</b> <u>N355PT</u> Amateur-built: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Max Gross Weight:</b> <u>1550</u> lbs<br><b>Weight at Time of Accident:</b> <u>1230</u> lbs<br><b>Location of Center of Gravity at Time of Accident:</b><br><u>64.79</u> inches from <input checked="" type="checkbox"/> nose or <input checked="" type="checkbox"/> datum<br>-or- Percent Mean Aerodynamic Cord (% MAC) |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| <b>Category of Aircraft</b><br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyrocraft<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | <b>Type of Airworthiness Certificate</b><br>(Check all that apply)<br><b>Standard</b><br><input type="checkbox"/> Normal<br><input type="checkbox"/> Utility<br><input type="checkbox"/> Acrobatic<br><input type="checkbox"/> Transport<br><b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input checked="" type="checkbox"/> Experimental<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Light Sport |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Number of Seats:</b> <u>2</u><br>If Large Aircraft, how many seats for:<br>Flight Crew: _____<br>Cabin Crew: _____<br>Passengers: <u>1</u>                                                                                                                                                                               |                                                                                                                                                                                                              | <b>Landing Gear</b> <input type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Unknown |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| <b>Type of Maintenance Program</b><br><input checked="" type="checkbox"/> Annual<br><input checked="" type="checkbox"/> Conditional (Amateur-built only)<br><input type="checkbox"/> Manufacturer's Inspection Program<br><input type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Last Inspection Type</b><br><input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                              | <b>Date Last Inspection:</b> <u>09-10-2013</u><br>mm/dd/yyyy<br><b>Airframe Total Time:</b> <u>575.8</u> hrs <i>Tach</i><br>hours measured at (check one)<br><input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident                                                                                                                                                                                                                                                                             |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| <b>IFR Equipped</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Stall Warning System Installed</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                              | <b>Type of Fire Extinguishing System</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Specify <u>Halotron 2 1/2 lb</u>                                                                                                                                                                                                                                                                                                                                                                                      |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| <b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>ELT Activated</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>ELT Manufacturer:</b> <u>ARTEX</u><br><b>Model/Series:</b> <u>ELT-10</u><br><b>Serial Number:</b> <u>22889</u><br><b>Battery Type:</b> <u>dry cell</u> <b>Battery Exp. Date:</b> <u>12-2014</u>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| <b>ELT Aided in Locating Accident / Incident</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Engine Type</b><br><input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown<br><b>Reciprocating Fuel System Type</b><br><input checked="" type="checkbox"/> Carburetor<br><input type="checkbox"/> Fuel Injected<br><b>Propeller</b><br><input checked="" type="checkbox"/> Fixed Pitch<br><input type="checkbox"/> Controllable Pitch<br><b>Manufacturer:</b> <u>IVOR</u><br><b>Model:</b> <u>MR3-72</u> |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturing Serial Number</th> <th>Date of Mfg.<br/>mm/dd/yyyy</th> <th>Engine Rated Power Measured as (check one)<br/><input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since Inspection (hours)</th> <th>Time Since Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>Lycoming</u></td> <td><u>O320</u></td> <td><u>4106-27</u></td> <td></td> <td><u>150</u></td> <td><u>651</u></td> <td><u>9</u></td> <td><u>851</u></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  | Engine | Engine Manufacturer | Engine Model/Series | Manufacturing Serial Number | Date of Mfg.<br>mm/dd/yyyy | Engine Rated Power Measured as (check one)<br><input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) | Eng. 1 | <u>Lycoming</u> | <u>O320</u> | <u>4106-27</u> |  | <u>150</u> | <u>651</u> | <u>9</u> | <u>851</u> | Eng. 2 |  |  |  |  |  |  |  |  | Eng. 3 |  |  |  |  |  |  |  |  | Eng. 4 |  |  |  |  |  |  |  |  |
| Engine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Engine Manufacturer | Engine Model/Series                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Manufacturing Serial Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date of Mfg.<br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                  | Engine Rated Power Measured as (check one)<br><input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust                                                                       | Total Time (hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Time Since Inspection (hours) | Time Since Overhaul (hours) |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| Eng. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Lycoming</u>     | <u>O320</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>4106-27</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                             | <u>150</u>                                                                                                                                                                                                   | <u>651</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>9</u>                      | <u>851</u>                  |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| Eng. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| Eng. 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| Eng. 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| <b>Registered Aircraft Owner</b><br><b>Name:</b> <u>Larry F. Puff</u><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                             | <b>Owner Address</b><br><b>City:</b> <u>Augusta</u><br><b>State:</b> <u>GA</u> <b>ZIP:</b> <u>30901</u><br><b>Country:</b> <u>USA</u>                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br><b>Name:</b> _____<br><b>Doing Business As:</b> _____<br><b>Air Carrier/Operator Designator (4 Character Code):</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                             | <b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner<br><b>City:</b> _____<br><b>State:</b> _____ <b>ZIP:</b> _____<br><b>Country:</b> _____                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |
| <b>Regulation Flight Conducted Under</b><br><input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type)<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                             | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                             |  |        |                     |                     |                             |                            |                                                                                                                                        |                    |                               |                             |        |                 |             |                |  |            |            |          |            |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |

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| <b>Purpose of Flight</b><br>for FAR 91, 103, 133, 137 (Select one)<br><input checked="" type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown | <b>Revenue Operation</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><input type="checkbox"/> Other Operator of Large Aircraft |
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**OTHER AIRCRAFT - COLLISION** (If air or ground collision occurred, complete this section for other aircraft)

|                                                      |                                                                                   |                                                                                                                                                                                       |
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| <b>Aircraft Registration Number</b><br><u>355 PT</u> | <b>Manufacturer:</b> <u>Procraft (Experimental)</u><br><b>Model:</b> <u>PT2-A</u> | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input checked="" type="checkbox"/> None |
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|                                                                                |                                                                                  |
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| <b>Registered Owner of Other Aircraft</b>                                      |                                                                                  |
| First Name: <u>Larry</u><br>Middle Initial: <u>F</u><br>Last Name: <u>Part</u> | City: <u>Augusta</u><br>State: <u>GA</u> ZIP: <u>30901</u><br>Country: <u>US</u> |

|                                                                |                                                          |
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| <b>Pilot of Other Aircraft</b> <u>NA</u>                       |                                                          |
| First Name: _____<br>Middle Initial: _____<br>Last Name: _____ | City: _____<br>State: _____ ZIP: _____<br>Country: _____ |

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

|                                                                                                                                                                                                                                                      |                                                                                                                                                                       |
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| <b>Airport Identifier:</b> <u>J6J</u><br><b>Airport Name:</b> <u>Trenton County</u><br><b>Proximity to Airport</b> <input checked="" type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip | <b>Distance From Airport Center:</b> <u>1/2 mile</u> SM<br><b>Direction From Airport:</b> <u>140°</u> degrees MAG<br><b>Airport Elevation:</b> <u>611 MSL</u> ft. MSL |
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| <b>Approach Segment (Select one)</b>                                                                                                                     |                                                                                                                                                                                                                    |
| <input type="checkbox"/> On Instrument Approach <input type="checkbox"/> Landing<br><input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind | <input checked="" type="checkbox"/> Base leg <input type="checkbox"/> Final<br><input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown) <input type="checkbox"/> Go Around |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>IFR Approach (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice<br><input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS<br><input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran<br><input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown<br><input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact<br><input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling | <b>VFR Approach (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Stop and Go<br><input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go<br><input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing<br><input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing<br><input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing<br><input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown |
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| <b>Runway Information</b><br>Runway ID: <u>R9</u> (L/R/C) Length: <u>2640</u> ft Width: <u>85</u> ft | <b>Condition of Runway/Landing Surface (Check all that apply)</b><br><input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm<br><input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy<br><input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy<br><input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet<br><input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown<br><input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation |
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| <b>Runway/Landing Surface (Check all that apply)</b>                                                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water<br><input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown<br><input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow |  |

**FLIGHT ITINERARY INFORMATION**

|                                                                                                                                 |                                                                            |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                  |
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| <b>Last Departure Point</b><br>Airport ID: <u>S-17</u><br>City: <u>Graniteville</u><br>State: <u>S.C.</u><br>Country: <u>US</u> | <b>Time of Departure</b><br>Time: <u>1506</u><br>Time Zone: <u>Eastern</u> | <b>Destination</b><br>Airport ID: <u>J6J</u><br>City: <u>Trenton</u><br>State: <u>SC</u><br>Country: <u>US</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> VFR/IFR<br><input type="checkbox"/> Company VFR <input type="checkbox"/> IFR<br><input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown<br><input type="checkbox"/> VFR<br>Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                            |                                                                             |                                                                                            |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Type of ATC Clearance/Service (Check all that apply)</b>                                                                                |                                                                             |                                                                                            |                                                                          |
| <input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR<br><input type="checkbox"/> VFR <input type="checkbox"/> IFR | <input type="checkbox"/> Special IFR<br><input type="checkbox"/> VFR On Top | <input type="checkbox"/> VFR Flight Following<br><input type="checkbox"/> Traffic Advisory | <input type="checkbox"/> Cruise<br><input type="checkbox"/> Unknown / NA |

|                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                         |                                                    |                                                                                                                                        |
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| <b>Airspace where the accident occurred</b> (Check all that apply)                                                                                                                                                                                                                                                               |                                                 |                                                         |                                                    |                                                                                                                                        |
| <input type="checkbox"/> Class A                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Class E                | <input type="checkbox"/> Prohibited Area                | <input type="checkbox"/> Jet Training Area         | <input type="checkbox"/> 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 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          |                                                    |                                                                                                                                        |
| <b>Aircraft Load Description</b> (Check all that apply)                                                                                                                                                                                                                                                                          |                                                 |                                                         |                                                    |                                                                                                                                        |
| <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Towing Glider          | <input type="checkbox"/> Parachutists                   | <input type="checkbox"/> Livestock                 |                                                                                                                                        |
| <input type="checkbox"/> Passengers                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Towing Banner          | <input type="checkbox"/> Water                          | <input type="checkbox"/> Unknown                   |                                                                                                                                        |
| <input type="checkbox"/> Cargo                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Other External         | <input type="checkbox"/> Chemical/Fertilizer/Seeds      |                                                    |                                                                                                                                        |
| <b>FUEL &amp; SERVICES INFORMATION</b>                                                                                                                                                                                                                                                                                           |                                                 |                                                         |                                                    |                                                                                                                                        |
| <b>Fuel on Board at Last Takeoff</b><br>(convert from pounds, as necessary)                                                                                                                                                                                                                                                      |                                                 | <b>Fuel Type</b>                                        |                                                    |                                                                                                                                        |
| <u>14</u> Gallons                                                                                                                                                                                                                                                                                                                |                                                 | <input checked="" type="checkbox"/> 80/87               | <input type="checkbox"/> 115/145                   | <input type="checkbox"/> JP3                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                  |                                                 | <input type="checkbox"/> 100 Low Lead                   | <input type="checkbox"/> Jet A                     | <input type="checkbox"/> JP4                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                  |                                                 | <input type="checkbox"/> 100/130                        | <input checked="" type="checkbox"/> Automotive     | <input type="checkbox"/> JP5                                                                                                           |
| <b>Other Services, if Any, Prior to Departure</b>                                                                                                                                                                                                                                                                                |                                                 |                                                         |                                                    |                                                                                                                                        |
| <b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                                      |                                                 |                                                         |                                                    |                                                                                                                                        |
| <b>Was there Mechanical Malfunction/Failure?</b> <input checked="" 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.)<br><div style="text-align: center; font-size: 1.2em;">No known</div> |                                                 |                                                         |                                                    | <b>Total Time/Cycles On Part</b><br>_____ Hours<br>_____ Cycles<br><br><b>Time Since This Part Inspected/Overhauled</b><br>_____ Hours |
| <b>DAMAGE TO AIRCRAFT AND OTHER PROPERTY</b>                                                                                                                                                                                                                                                                                     |                                                 |                                                         |                                                    |                                                                                                                                        |
| <b>Aircraft Damage</b>                                                                                                                                                                                                                                                                                                           |                                                 | <b>Aircraft Fire</b>                                    |                                                    | <b>Aircraft Explosion</b>                                                                                                              |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Substantial | <input checked="" type="checkbox"/> None                | <input type="checkbox"/> Both Ground and In-Flight | <input checked="" type="checkbox"/> None                                                                                               |
| <input type="checkbox"/> Minor                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Destroyed              | <input type="checkbox"/> In-Flight                      | <input type="checkbox"/> Unknown Origin            | <input type="checkbox"/> In-Flight                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                  |                                                 | <input type="checkbox"/> On-Ground                      |                                                    | <input type="checkbox"/> On-Ground                                                                                                     |
| <b>Description of Damage to Aircraft and Other Property</b> (use additional sheet if necessary)<br><div style="font-size: 1.2em;">Right wing substantially damaged</div>                                                                                                                                                         |                                                 |                                                         |                                                    |                                                                                                                                        |
| <b>EVACUATION OF AIRCRAFT</b>                                                                                                                                                                                                                                                                                                    |                                                 |                                                         |                                                    |                                                                                                                                        |
| <b>Was an emergency evacuation of the aircraft performed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                |                                                 |                                                         |                                                    |                                                                                                                                        |
| <b>Method of Exit</b> - Describe how the occupants exited and how many occupants evacuated each location<br><div style="font-size: 1.2em;">Pilot only</div>                                                                                                                                                                      |                                                 |                                                         |                                                    |                                                                                                                                        |

| PILOT "A" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
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| <b>Pilot "A" Responsibilities at the Time of Accident</b><br><input checked="" type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| <b>Pilot "A" Identification</b><br>First Name: <u>Larry</u> City: <u>Augusta</u><br>Middle Initial: <u>F</u> State: <u>GA</u> ZIP: <u>30901</u><br>Last Name: <u>Putt</u> Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| Age at time of Accident: <u>65</u> Date of Birth: <span style="background-color: black; color: black;">mm/dd/yyyy</span> Certificate Number: <span style="background-color: black; color: black;">mm/dd/yyyy</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| <b>Degree of Injury</b><br><input checked="" type="checkbox"/> None <input 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 type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 | <b>Seat Belt</b><br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                 |                                                                               | <b>Shoulder Harness</b><br>Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Available <input type="checkbox"/> Yes <input type="checkbox"/> No |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input checked="" type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| <b>Principal Occupation</b><br><input checked="" type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              | <b>Medical Certificate</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown                                                                              |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input checked="" type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Date of Last Medical</b><br><u>02/28/2013</u><br><small>mm/dd/yyyy</small> |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| <b>Medical Certificate Limitations</b> <u>Reading Glasses</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| <b>Medical Certificate Waivers</b> <u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>06/16/2013</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     | <b>Flight Review Aircraft</b><br>Make: <u>Just (experimental)</u><br>Model: <u>Esquade</u>                                                                                                                                            |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| <b>Airplane Rating(s)</b><br><small>(Check all that apply)</small><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | <b>Other Aircraft Rating(s)</b><br><small>(Check all that apply)</small><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Free Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                                                                                                     | <b>Instrument Rating(s)</b><br><small>(Check all that apply)</small><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                                 | <b>Instructor Rating(s)</b><br><small>(Check all that apply)</small><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><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 |                                                                               |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| <b>Type Ratings</b><br><u>single engine land</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 | <b>Student Endorsements (Include dates)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>283.3</td> <td>11.5</td> <td>283.3</td> <td></td> <td>7.8</td> <td>5.6</td> <td>32.6</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>208.4</td> <td>11.5</td> <td>208.4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>16.8</td> <td>.4</td> <td>16.8</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>8.2</td> <td>.4</td> <td>8.2</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>.4</td> <td>.4</td> <td>.4</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                           |        |                  | Flight Time (enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | 283.3 | 11.5 | 283.3 |  | 7.8 | 5.6 | 32.6 |  |  |  | Pilot in Command (PIC) | 208.4 | 11.5 | 208.4 |  |  |  |  |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  | 0 | 0 | 0 |  |  |  | Last 90 Days | 16.8 | .4 | 16.8 |  | 0 | 0 | 0 |  |  |  | Last 30 Days | 8.2 | .4 | 8.2 |  | 0 | 0 | 0 |  |  |  | Last 24 Hours | .4 | .4 | .4 |  | 0 | 0 | 0 |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 283.3        | 11.5                                                                                                                                                                                                                                                                                                                                                       | 283.3                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       | 7.8                                                                                                                                                                                             | 5.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 32.6                                                                          |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 208.4        | 11.5                                                                                                                                                                                                                                                                                                                                                       | 208.4                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       | 0                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                                                                             |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 16.8         | .4                                                                                                                                                                                                                                                                                                                                                         | 16.8                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       | 0                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                                                                             |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8.2          | .4                                                                                                                                                                                                                                                                                                                                                         | 8.2                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       | 0                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                                                                             |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | .4           | .4                                                                                                                                                                                                                                                                                                                                                         | .4                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       | 0                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                                                                             |                                                                                                                                                                           |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |      |       |  |     |     |      |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |   |   |   |  |  |  |              |      |    |      |  |   |   |   |  |  |  |              |     |    |     |  |   |   |   |  |  |  |               |    |    |    |  |   |   |   |  |  |  |

| <b>PILOT "B" INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
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| <b>Pilot "B" Responsibilities at the Time of Accident</b> <span style="float: right;">N/A</span><br><input type="checkbox"/> Pilot <input type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Pilot "B" Identification</b> <span style="float: right;">N/A</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    | City: _____                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    | State: _____ ZIP: _____                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    | Country: _____                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Age at time of Accident: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                         | Date of Birth: _____<br><span style="font-size: small;">mm/dd/yyyy</span>                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                                                                                                                                      | Certificate Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                         | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input 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 |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><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>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown                                                                      |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           | <b>Date of Last Medical</b><br><span style="font-size: small;">mm/dd/yyyy</span> |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Limitations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Waivers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <span style="font-size: small;">mm/dd/yyyy</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____                                                                                                                                                       |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input 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 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 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 type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      | <b>Student Endorsements</b> <i>(Include dates)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="width: 5%;">All Aircraft</th> <th rowspan="2" style="width: 10%;">This Make &amp; Model</th> <th rowspan="2" style="width: 10%;">Airplane Single Engine</th> <th rowspan="2" style="width: 10%;">Airplane Multiengine</th> <th rowspan="2" style="width: 5%;">Night</th> <th colspan="2" style="width: 10%;">Instrument</th> <th rowspan="2" style="width: 5%;">Rotorcraft</th> <th rowspan="2" style="width: 5%;">Glider</th> <th rowspan="2" style="width: 5%;">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  | Flight Time <i>(enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time |  |  |  |  |  |  |  |  |  |  | Pilot in Command (PIC) |  |  |  |  |  |  |  |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days |  |  |  |  |  |  |  |  |  |  | Last 30 Days |  |  |  |  |  |  |  |  |  |  | Last 24 Hours |  |  |  |  |  |  |  |  |  |  |
| Flight Time <i>(enter appropriate number of hours in each box)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                                       | Airplane Single Engine                                                                                                                                                                                                                                   | Airplane Multiengine                                                                                                                                                                                               | Night                                                                                                                                                                                | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | Rotorcraft                                                                       | Glider                                                                                                                                                         | Lighter Than Air |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Simulated |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                  |                                                                                                                                                                |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |

9

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

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

On 12-2-13 @ 1506 Eastern time I departed Airport S-17 for a test flight of air craft 355M after doing a complete preflight including fuel sampling and did not notice any abnormalities. The engine was running well and I decided to do a touch & go on a grass field airport located near Fenton SC, T6J about 10 miles from the departure airport. I was @ pattern altitude of 1400 msl starting from a long downwind to runway 29. When I pulled the throttle from 2300 RPM to 1500 RPM and turned base the engine quit running. I checked fuel valves, mixtures & switches and tried several times to restart with no success. I turned final and could see that I could not glide to the airport and instead tried to reach a clearing which was short of and to the right of the final approach on 29. Prior to reaching this field I lost too much altitude and hit a tree with the right wing, and spun 180 degrees and came to rest on a power service pole guy wire, 10' short of the clearing. I exited the plane with no serious injuries.

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

Operator/Owner Safety Recommendation

Maintain more altitude and keep a more standard pattern when maneuvering close to the airport. Which might have allowed a safe glide to the runway.

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

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

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

Date of this Report

Signature and Name of Pilot/Operator

12-12-2013  
mm/dd/yyyy

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

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

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

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

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

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

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ERA14LA059

Reviewed by NTSB Regional Office

ERA

Name of Investigator

Alleyne

Date Report Received

12-13-13