

# NATIONAL TRANSPORTATION SAFETY BOARD

## PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

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

**BASIC INFORMATION**

Accident/Incident Location

Nearest City/Place: St Petersburg State: FL  
 ZIP: 33715 Country: Pinellas  
 Latitude: 27.78 Longitude: 82.67  
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: 11/20/2014 Local Time: 3:25 PM  
 mm/dd/yyyy Time Zone: EST

Collision with Other Aircraft:

Midair ☐ On-ground ☒ None ☐

**AIRCRAFT INFORMATION**Registration Number: 60045Manufacturer: CessnaModel: T182TSerial Number: T-18208508Year of Manufacture: 2006

Amateur-Built: Yes ☐ No ☒ If Yes: Kit/Plans Make: \_\_\_\_\_  
 Original Design

☒ IFR-Equipped and Certified  
 Commercial Space Flight  
 Unmanned Aircraft

Maximum Gross Weight: 3,112 lbsWeight at Time of Accident/Incident: 2,500 lbsNumber of Seats: 4 Flight Crew Seats: 2Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 2Number of Engines: 1

Category of Aircraft

☒ Airplane  
☐ Balloon  
☐ Blimp/D dirigible  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift  
☐ Rotorcraft  
☐ Ultralight  
☐ Unknown

Type of Airworthiness Certificate

(Check all that apply)

Standard

☒ Normal  
☐ Aerobatic  
☐ Balloon  
☐ Commuter  
☐ Transport  
☐ Utility

Special

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

Certificate of Authorization or Waiver (COA)  
 None ☐ Unknown ☐

Landing Gear

(Check all that apply)

☒ Tricycle  
☐ Retractable

☐ Amphibian  
☐ Emergency Float  
☐ Float  
☐ Hull

Tailwheel

☐ High Skid  
☐ Skid  
☐ Ski  
☐ Ski/Wheel

Other Launch/Recovery System

None ☐ Unknown ☐

Engine Type (Select one)

☒ Reciprocating  
☐ Turbo Shaft  
☐ Turbo Prop  
☐ Turbo Jet  
☐ Turbo Fan  
☐ Electric  
☐ Liquid Rocket  
☐ Solid Rocket  
☐ Hybrid Rocket  
☐ None  
☐ Unknown

Fuel System Type (Reciprocating)

Carburetor ☐ Fuel-Injected ☒

| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Rated Power<br>Horsepower or<br>lbs of Thrust | Total<br>Time<br>(hours) | Time Since<br>Inspection<br>(hours) | Time Since<br>Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|-----------------------------------------------|--------------------------|-------------------------------------|-----------------------------------|
| eng. 1 | <u>Lycoming</u>     | <u>TIO-540-AK1A</u> | <u>L-12284-6/A</u>           | <u>10/29/05</u>         | <u>235</u>                                    | <u>15.8</u>              |                                     |                                   |
| eng. 2 |                     |                     |                              |                         |                                               |                          |                                     |                                   |
| eng. 3 |                     |                     |                              |                         |                                               |                          |                                     |                                   |
| eng. 4 |                     |                     |                              |                         |                                               |                          |                                     |                                   |

1st Inspection Type

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

Date Last Inspection: 02/04/14

mm/dd/yyyy

Time frame Total Time: 1090 (Hobbs) hrs

hours measured at (Select one)

Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

None ☐  
 Other, specify: MMARAX

Propeller 1

☐ Fixed Pitch  
☒ Controllable Pitch  
☐ Ground Adjustable

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

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

Propeller 2

☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

ELT Installed:

☒ Yes ☐ No

If Yes:

ELT Manufacturer: AirtexModel or Part No.: 453-6603

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)  
 C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft? ☐ Yes ☒ No

If not activated:

Likely Reason: ☒ Impact Damage  
☐ Fire Damage  
☐ Battery Expired/Damaged  
☐ Unknown

Additional Equipment (Check all that apply)

☐ ADS-B  
☐ Airframe Parachute  
☐ Angle of Attack Indicator  
☒ Autopilot  
☐ Data Recorder  
☐ Electronic Flight Bag or Handheld Device  
☒ Electronic Multifunction Display  
☒ Electronic Primary Flight Display  
☐ Handheld GPS  
☐ Heads Up Display  
☐ Inboard Weather  
☐ Satellite Tracking Device  
☐ Stall Warning System  
☐ Video Recording Device  
 Other, Specify: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
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| <b>Registered Aircraft Owner</b><br>Name: <u>Gilbert &amp; Mary Fortune</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | City: <u>St. Petersburg, FL</u><br>State: <u>FL</u> ZIP: <u>33715</u><br>Country: <u>Pinellas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Fractional Ownership Aircraft: Yes <input type="radio"/> No <input checked="" type="radio"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | Same Address as Registered Owner <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| <b>Operator of Aircraft</b><br>Name: <u>Gilbert Fortune</u><br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| <b>Operating Certificates Held</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation<br><input type="checkbox"/> Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft |                | <b>Regulation Flight Conducted Under</b><br><table border="0" style="width: 100%;"> <tr> <td>FAR 91</td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> </table> <input type="checkbox"/> FAR 91 Special Flight<br><input type="checkbox"/> Non-US, Commercial<br><input type="checkbox"/> Non-US, Non-commercial<br><br><b>Public Aircraft (Select one)</b><br><input type="checkbox"/> Armed Forces<br><input type="checkbox"/> Federal<br><input type="checkbox"/> State<br><input type="checkbox"/> Local<br><input type="checkbox"/> Unknown |            | FAR 91                | FAR 129      | FAR 415                   | FAR 103            | FAR 133     | FAR 431 | FAR 121  | FAR 135    | FAR 435 | FAR 125        | FAR 137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FAR 437 |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| FAR 91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FAR 129        | FAR 415                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| FAR 103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAR 133        | FAR 431                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| FAR 121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAR 135        | FAR 435                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| FAR 125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAR 137        | FAR 437                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br>(Select one for each group)<br><table border="0" style="width: 100%;"> <tr> <td>Scheduled or Commuter</td> <td>Domestic</td> </tr> <tr> <td>Non-Scheduled or Air Taxi</td> <td>International</td> </tr> </table><br><input type="checkbox"/> Passenger<br><input type="checkbox"/> Cargo<br><input type="checkbox"/> Mail Contract Only                                                                                                                                                                                                                                                                                                                                       |            | Scheduled or Commuter | Domestic     | Non-Scheduled or Air Taxi | International      |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Scheduled or Commuter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Domestic       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Non-Scheduled or Air Taxi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | International  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | <b>Purpose of Flight for FAR 91, 103, 133, 137</b><br>(Select one)<br><table border="0" style="width: 100%;"> <tr> <td>Aerial Application</td> <td>Firefighting</td> <td>Unknown</td> </tr> <tr> <td>Aerial Observation</td> <td>Flight Test</td> <td></td> </tr> <tr> <td>Air Drop</td> <td>Glider Tow</td> <td></td> </tr> <tr> <td>Air Races/Show</td> <td>Instructional</td> <td></td> </tr> <tr> <td>Banner Tow</td> <td>Other Work Use</td> <td></td> </tr> <tr> <td>Business</td> <td>Personal</td> <td></td> </tr> <tr> <td>Executive/Corporate</td> <td>Positioning</td> <td></td> </tr> <tr> <td>External Load</td> <td>Skydiving</td> <td></td> </tr> <tr> <td>Ferry</td> <td></td> <td></td> </tr> </table>              |            | Aerial Application    | Firefighting | Unknown                   | Aerial Observation | Flight Test |         | Air Drop | Glider Tow |         | Air Races/Show | Instructional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         | Banner Tow | Other Work Use |            | Business | Personal     |              | Executive/Corporate | Positioning |              | External Load | Skydiving |     | Ferry           |      |  |               |            |         |
| Aerial Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Firefighting   | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Aerial Observation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Flight Test    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Air Drop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Glider Tow     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Air Races/Show                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Instructional  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Banner Tow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Other Work Use |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Personal       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Executive/Corporate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Positioning    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| External Load                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Skydiving      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Ferry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| <b>Revenue Sightseeing Flight</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | <b>Air Medical Flight</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| <b>Airport Name:</b> <u>Albert Whitted Airport</u><br><b>Airport Identifier:</b> <u>KSPG</u><br><b>Proximity to Airport:</b> Off Airport/Airstrip <input type="radio"/> <u>On Airport/Airstrip</u> <input checked="" type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                | <b>Distance From Airport Center:</b> _____ sm<br><b>Direction From Airport:</b> _____ degrees true<br><b>Airport Elevation:</b> _____ ft msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| <b>Runway Information</b><br>Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft<br><b>Runway/Landing Surface</b> (Check all that apply)<br><table border="0" style="width: 100%;"> <tr> <td>Asphalt</td> <td>Grass/Turf</td> <td>Macadam</td> <td>Water</td> </tr> <tr> <td>Concrete</td> <td>Gravel</td> <td>Metal/Wood</td> <td></td> </tr> <tr> <td>Dirt</td> <td>Ice</td> <td>Snow</td> <td>Unknown</td> </tr> </table> <u>Accident occurred on ground near hangar</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | Asphalt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Grass/Turf | Macadam               | Water        | Concrete                  | Gravel             | Metal/Wood  |         | Dirt     | Ice        | Snow    | Unknown        | <b>Condition of Runway/Landing Surface</b> (Check all that apply)<br><table border="0" style="width: 100%;"> <tr> <td>Dry</td> <td>Snow-Compacted</td> <td>Water-Calm</td> </tr> <tr> <td>Holes</td> <td>Snow-Crusted</td> <td>Water-Choppy</td> </tr> <tr> <td>Ice Covered</td> <td>Snow-Dry</td> <td>Water-Glassy</td> </tr> <tr> <td>Krough</td> <td>Snow-Wet</td> <td>Wet</td> </tr> <tr> <td>Rubber Deposits</td> <td>Soft</td> <td></td> </tr> <tr> <td>Slush-Covered</td> <td>Vegetation</td> <td>Unknown</td> </tr> </table> |         | Dry        | Snow-Compacted | Water-Calm | Holes    | Snow-Crusted | Water-Choppy | Ice Covered         | Snow-Dry    | Water-Glassy | Krough        | Snow-Wet  | Wet | Rubber Deposits | Soft |  | Slush-Covered | Vegetation | Unknown |
| Asphalt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Grass/Turf     | Macadam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Water      |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Concrete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Gravel         | Metal/Wood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Dirt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ice            | Snow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Unknown    |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Dry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Snow-Compacted | Water-Calm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Holes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Snow-Crusted   | Water-Choppy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Ice Covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Snow-Dry       | Water-Glassy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Krough                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Snow-Wet       | Wet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Rubber Deposits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Soft           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| Slush-Covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Vegetation     | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| <b>Approach/Departure Procedure</b> (select one)<br>Taxi<br>Takeoff<br>Initial Climb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | VFR Departure<br>IFR Departure Procedure/Clearance<br>On Instrument Approach<br>Landing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| <b>FR Approach</b> (Check all that apply)<br>None<br>ADF/NDB<br>SDF<br>VORTVOR<br>VOR/DME<br>TACAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | <b>VFR Approach</b> (Check all that apply)<br>None<br>Traffic Pattern<br>Straight-In<br>Valley/Terrain Following<br>Go Around<br>Full Stop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
| PAR<br>Sidelstep<br>ILS<br>Localizer Only<br>LOC-back course<br>RNAV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | MLS<br>LDA<br>ASR<br>Visual<br>Contact<br>Circling<br>Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | Downwind<br>Base<br>Final<br>Crosswind<br>Low Approach<br>Go Around<br>Aborted Landing (after touchdown)<br>Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | Stop and Go<br>Touch and Go<br>Simulated Forced Landing<br>Forced Landing<br>Precautionary Landing<br>Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                       |              |                           |                    |             |         |          |            |         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |            |                |            |          |              |              |                     |             |              |               |           |     |                 |      |  |               |            |         |

5

Not Applicable

| Flight Crewmember Information                                                                                                                                                                                                                                                         |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------|--------|------------------|
| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br>Pilot      Co-Pilot      Student Pilot      Flight Instructor      Check Pilot      Flight Engineer      Other Flight Crew                                                                          |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |
| <b>"Flight Crewmember 2" was pilot flying</b> Yes      No                                                                                                                                                                                                                             |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |
| <b>"Flight Crewmember 2" Identification</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br>Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy<br>Certificate Number: _____ |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |
| <b>Degree of Injury</b><br>None      Fatal<br>Minor      Unknown<br>Serious                                                                                                                                                                                                           |              | <b>Seat Occupied</b><br>Left      Front<br>Right      Rear<br>Center      Single<br>Unknown                                               |                        | <b>Restraint Type</b><br>Available      Used<br>None      None<br>Lap only      Lap only<br>3-point      3-point<br>4-point      4-point<br>5-point      5-point<br>Unknown      Unknown |       |                                                                                                                                                                                                                             | <b>Inflatable Restraints</b><br>Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |            |        |                  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br>None      Flight Instructor      Commercial      US Military<br>Private      Recreational      Airline Transport      Foreign<br>Student      Sport      Flight Engineer                                                        |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |
| <b>Principal Occupation</b><br>Pilot<br>Other<br>Unknown                                                                                                                                                                                                                              |              | <b>Medical Certificate</b><br>None      Class 3<br>Class 1      Driver's License (Sport Pilot only)<br>Class 2      Unknown               |                        | <b>Medical Certificate Validity</b><br>Without limitations/waivers      Unknown<br>With limitations/waivers      N/A<br>Special Issuance                                                 |       |                                                                                                                                                                                                                             | <b>Date of Last Medical</b><br>mm/dd/yyyy                                                         |            |        |                  |
| <b>Medical Certificate Limitations</b>                                                                                                                                                                                                                                                |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |
| <b>Medical Certificate Special Issuance</b>                                                                                                                                                                                                                                           |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy                                                                                                                                                                                       |              |                                                                                                                                           |                        | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____                                                                                                                             |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |
| <b>Airplane Rating(s) (Check all that apply)</b><br>None<br>Single-Engine Land<br>Single-Engine Sea<br>Multiengine Land<br>Multiengine Sea                                                                                                                                            |              | <b>Other Aircraft Rating(s) (Check all that apply)</b><br>None<br>Airship<br>Balloon<br>Glider<br>Gyroplane<br>Helicopter<br>Powered Lift |                        | <b>Instrument Rating(s) (Check all that apply)</b><br>None<br>Airplane<br>Helicopter<br>Powered Lift                                                                                     |       | <b>Instructor Rating(s) (Check all that apply)</b><br>None<br>Airplane Single-Engine<br>Airplane Multi-Engine<br>Gyroplane<br>Powered Lift<br>Instrument Airplane<br>Instrument Helicopter<br>Helicopter<br>Glider<br>Sport |                                                                                                   |            |        |                  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                   |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       | <b>Student Endorsements (Include dates)</b>                                                                                                                                                                                 |                                                                                                   |            |        |                  |
| <b>Flight Time (Enter appropriate number of hours in each box)</b>                                                                                                                                                                                                                    |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |
| Total Time                                                                                                                                                                                                                                                                            | All Aircraft | This Make & Model                                                                                                                         | Airplane Single Engine | Airplane Multiengine                                                                                                                                                                     | Night | Instrument                                                                                                                                                                                                                  |                                                                                                   | Rotorcraft | Glider | Lighter Than Air |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       | Actual                                                                                                                                                                                                                      | Simulated                                                                                         |            |        |                  |
| Time as instructor                                                                                                                                                                                                                                                                    |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |
| This Make/Model                                                                                                                                                                                                                                                                       |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |
| Last 90 Days                                                                                                                                                                                                                                                                          |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |
| Last 30 Days                                                                                                                                                                                                                                                                          |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |
| Last 24 Hours                                                                                                                                                                                                                                                                         |              |                                                                                                                                           |                        |                                                                                                                                                                                          |       |                                                                                                                                                                                                                             |                                                                                                   |            |        |                  |

Not Applicable

| ADDITIONAL FLIGHT CREWMEMBERS                                  |  |                          |  |                                                                           |                                              |                                                              |  |                                                                   |                                                       |
|----------------------------------------------------------------|--|--------------------------|--|---------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------|--|-------------------------------------------------------------------|-------------------------------------------------------|
| <b>Crew Name and Address</b>                                   |  |                          |  |                                                                           |                                              | <b>Seat Occupied</b>                                         |  | <b>Injury</b>                                                     |                                                       |
| First Name: _____                                              |  | City of Residence: _____ |  | Left                                                                      |                                              | Front                                                        |  | None                                                              |                                                       |
| Middle Initial: _____                                          |  | State: _____             |  | Center                                                                    |                                              | Rear                                                         |  | Minor                                                             |                                                       |
| Last Name: _____                                               |  | ZIP: _____               |  | Right                                                                     |                                              | Single                                                       |  | Serious                                                           |                                                       |
|                                                                |  | Country: _____           |  |                                                                           |                                              | Unknown                                                      |  | Fatal                                                             |                                                       |
| <b>Pilot Certificate(s) (Check all that apply)</b>             |  |                          |  |                                                                           |                                              | <b>Restraint Type:</b>                                       |  | <b>Inflatable Restraints</b>                                      |                                                       |
| None                                                           |  | Flight Instructor        |  | Commercial                                                                |                                              | Available                                                    |  | Used                                                              |                                                       |
| Private                                                        |  | Recreational             |  | Airline Transport                                                         |                                              | None                                                         |  | None                                                              |                                                       |
| Student                                                        |  | Sport                    |  | Flight Engineer                                                           |                                              | Lap Only                                                     |  | Lap Only                                                          |                                                       |
|                                                                |  |                          |  | US Military                                                               |                                              | 3-point                                                      |  | 3-point                                                           |                                                       |
|                                                                |  |                          |  | Foreign                                                                   |                                              | 4-point                                                      |  | 4-point                                                           |                                                       |
|                                                                |  |                          |  |                                                                           |                                              | 5-point                                                      |  | 5-point                                                           |                                                       |
|                                                                |  |                          |  |                                                                           |                                              | Unknown                                                      |  | Unknown                                                           |                                                       |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> |  |                          |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |                                              |                                                              |  |                                                                   |                                                       |
| Yes No                                                         |  |                          |  |                                                                           |                                              |                                                              |  |                                                                   |                                                       |
| <b>Crew Name and Address</b>                                   |  |                          |  |                                                                           |                                              | <b>Seat Occupied</b>                                         |  | <b>Injury</b>                                                     |                                                       |
| First Name: _____                                              |  | City of Residence: _____ |  | Left                                                                      |                                              | Front                                                        |  | None                                                              |                                                       |
| Middle Initial: _____                                          |  | State: _____             |  | Center                                                                    |                                              | Rear                                                         |  | Minor                                                             |                                                       |
| Last Name: _____                                               |  | ZIP: _____               |  | Right                                                                     |                                              | Single                                                       |  | Serious                                                           |                                                       |
|                                                                |  | Country: _____           |  |                                                                           |                                              | Unknown                                                      |  | Fatal                                                             |                                                       |
| <b>Pilot Certificate(s) (Check all that apply)</b>             |  |                          |  |                                                                           |                                              | <b>Restraint Type:</b>                                       |  | <b>Inflatable Restraints</b>                                      |                                                       |
| None                                                           |  | Flight Instructor        |  | Commercial                                                                |                                              | Available                                                    |  | Used                                                              |                                                       |
| Private                                                        |  | Recreational             |  | Airline Transport                                                         |                                              | None                                                         |  | None                                                              |                                                       |
| Student                                                        |  | Sport                    |  | Flight Engineer                                                           |                                              | Lap Only                                                     |  | Lap Only                                                          |                                                       |
|                                                                |  |                          |  | US Military                                                               |                                              | 3-point                                                      |  | 3-point                                                           |                                                       |
|                                                                |  |                          |  | Foreign                                                                   |                                              | 4-point                                                      |  | 4-point                                                           |                                                       |
|                                                                |  |                          |  |                                                                           |                                              | 5-point                                                      |  | 5-point                                                           |                                                       |
|                                                                |  |                          |  |                                                                           |                                              | Unknown                                                      |  | Unknown                                                           |                                                       |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> |  |                          |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |                                              |                                                              |  |                                                                   |                                                       |
| Yes No                                                         |  |                          |  |                                                                           |                                              |                                                              |  |                                                                   |                                                       |
| <b>PASSENGERS/OTHER PERSONNEL</b>                              |  |                          |  |                                                                           |                                              |                                                              |  |                                                                   |                                                       |
| <b>Name and Address</b>                                        |  |                          |  | <b>Seat</b>                                                               | <b>Injury</b>                                | <b>Restraint Type</b>                                        |  | <b>Inflatable Restraints</b>                                      | <b>Age</b>                                            |
| First Name: _____                                              |  | City: _____              |  | Left<br>Center<br>Right<br>Unknown                                        | None<br>Minor<br>Serious<br>Fatal<br>Unknown | Available                                                    |  | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |
| Middle Initial: _____                                          |  | State: _____             |  |                                                                           |                                              | Used                                                         |  |                                                                   |                                                       |
| Last Name: _____                                               |  | ZIP: _____               |  |                                                                           |                                              | None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown |  |                                                                   |                                                       |
|                                                                |  | Country: _____           |  | Row: _____                                                                |                                              |                                                              |  |                                                                   |                                                       |
| Crew                                                           |  | Passenger                |  | Other                                                                     |                                              |                                                              |  |                                                                   |                                                       |
| <b>Name and Address</b>                                        |  |                          |  | <b>Seat</b>                                                               | <b>Injury</b>                                | <b>Restraint Type</b>                                        |  | <b>Inflatable Restraints</b>                                      | <b>Age</b>                                            |
| First Name: _____                                              |  | City: _____              |  | Left<br>Center<br>Right<br>Unknown                                        | None<br>Minor<br>Serious<br>Fatal<br>Unknown | Available                                                    |  | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |
| Middle Initial: _____                                          |  | State: _____             |  |                                                                           |                                              | Used                                                         |  |                                                                   |                                                       |
| Last Name: _____                                               |  | ZIP: _____               |  |                                                                           |                                              | None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown |  |                                                                   |                                                       |
|                                                                |  | Country: _____           |  | Row: _____                                                                |                                              |                                                              |  |                                                                   |                                                       |
| Crew                                                           |  | Passenger                |  | Other                                                                     |                                              |                                                              |  |                                                                   |                                                       |
| <b>Name and Address</b>                                        |  |                          |  | <b>Seat</b>                                                               | <b>Injury</b>                                | <b>Restraint Type</b>                                        |  | <b>Inflatable Restraints</b>                                      | <b>Age</b>                                            |
| First Name: _____                                              |  | City: _____              |  | Left<br>Center<br>Right<br>Unknown                                        | None<br>Minor<br>Serious<br>Fatal<br>Unknown | Available                                                    |  | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |
| Middle Initial: _____                                          |  | State: _____             |  |                                                                           |                                              | Used                                                         |  |                                                                   |                                                       |
| Last Name: _____                                               |  | ZIP: _____               |  |                                                                           |                                              | None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown |  |                                                                   |                                                       |
|                                                                |  | Country: _____           |  | Row: _____                                                                |                                              |                                                              |  |                                                                   |                                                       |
| Crew                                                           |  | Passenger                |  | Other                                                                     |                                              |                                                              |  |                                                                   |                                                       |
| <b>Name and Address</b>                                        |  |                          |  | <b>Seat</b>                                                               | <b>Injury</b>                                | <b>Restraint Type</b>                                        |  | <b>Inflatable Restraints</b>                                      | <b>Age</b>                                            |
| First Name: _____                                              |  | City: _____              |  | Left<br>Center<br>Right<br>Unknown                                        | None<br>Minor<br>Serious<br>Fatal<br>Unknown | Available                                                    |  | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |
| Middle Initial: _____                                          |  | State: _____             |  |                                                                           |                                              | Used                                                         |  |                                                                   |                                                       |
| Last Name: _____                                               |  | ZIP: _____               |  |                                                                           |                                              | None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown |  |                                                                   |                                                       |
|                                                                |  | Country: _____           |  | Row: _____                                                                |                                              |                                                              |  |                                                                   |                                                       |
| Crew                                                           |  | Passenger                |  | Other                                                                     |                                              |                                                              |  |                                                                   |                                                       |
| <b>Name and Address</b>                                        |  |                          |  | <b>Seat</b>                                                               | <b>Injury</b>                                | <b>Restraint Type</b>                                        |  | <b>Inflatable Restraints</b>                                      | <b>Age</b>                                            |
| First Name: _____                                              |  | City: _____              |  | Left<br>Center<br>Right<br>Unknown                                        | None<br>Minor<br>Serious<br>Fatal<br>Unknown | Available                                                    |  | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |
| Middle Initial: _____                                          |  | State: _____             |  |                                                                           |                                              | Used                                                         |  |                                                                   |                                                       |
| Last Name: _____                                               |  | ZIP: _____               |  |                                                                           |                                              | None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown |  |                                                                   |                                                       |
|                                                                |  | Country: _____           |  | Row: _____                                                                |                                              |                                                              |  |                                                                   |                                                       |
| Crew                                                           |  | Passenger                |  | Other                                                                     |                                              |                                                              |  |                                                                   |                                                       |

| <b>Last Departure Point</b><br>Airport ID: _____<br>City: _____<br>State: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Time of Departure</b><br>Time: _____<br>Time Zone: _____                                                                   |                                                                                                              | <b>Destination</b><br>Airport ID: _____<br>City: _____<br>State: _____<br>Country: _____                                                                                                 |         | <b>Type Flight Plan Filed</b><br><table style="width:100%;"> <tr> <td>None</td> <td>VFR/IFR</td> </tr> <tr> <td>Company VFR</td> <td>IFR</td> </tr> <tr> <td>Military VFR</td> <td>Unknown</td> </tr> <tr> <td>VFR</td> <td></td> </tr> <tr> <td><b>Activated?</b></td> <td>Yes No Unknown</td> </tr> </table> |         | None                           | VFR/IFR     | Company VFR | IFR                  | Military VFR          | Unknown                  | VFR         |                  | <b>Activated?</b>                                                                                                                                                                                                                                                                                                                                         | Yes No Unknown |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------|-------------|-------------|----------------------|-----------------------|--------------------------|-------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|---------|-----------------|------------|--------------|----------------------------------------------------------|--------------|---------|---------------|---------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VFR/IFR                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Company VFR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IFR                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Military VFR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| VFR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| <b>Activated?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes No Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><table style="width:100%;"> <tr> <td>None</td> <td>Special VFR</td> <td>Special IFR</td> <td>VFR Flight Following</td> <td>Cruise</td> </tr> <tr> <td>VFR</td> <td>IFR</td> <td>VFR On Top</td> <td>Traffic Advisory</td> <td>Unknown / NA</td> </tr> </table>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         | None                           | Special VFR | Special IFR | VFR Flight Following | Cruise                | VFR                      | IFR         | VFR On Top       | Traffic Advisory                                                                                                                                                                                                                                                                                                                                          | Unknown / NA   |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Special VFR                                                                                                                                                                                                                                                                                                                                                                                                                                         | Special IFR                                                                                                                   | VFR Flight Following                                                                                         | Cruise                                                                                                                                                                                   |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| VFR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | IFR                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VFR On Top                                                                                                                    | Traffic Advisory                                                                                             | Unknown / NA                                                                                                                                                                             |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><table style="width:100%;"> <tr> <td>Class A</td> <td>Class G</td> <td>Military Operations Area (MOA)</td> <td>Special</td> </tr> <tr> <td>Class B</td> <td>Demo Area</td> <td>Airport Advisory Area</td> <td>Air Traffic Control Area</td> </tr> <tr> <td>Class C</td> <td>Warning Area</td> <td>Jet Training Area</td> <td>Unknown</td> </tr> <tr> <td>Class D</td> <td>Prohibited Area</td> <td>TRSA</td> <td></td> </tr> <tr> <td>Class E</td> <td>Restricted Area</td> <td>FAR 93</td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         | Class A                                                                                                                                                                                                                                                                                                        | Class G | Military Operations Area (MOA) | Special     | Class B     | Demo Area            | Airport Advisory Area | Air Traffic Control Area | Class C     | Warning Area     | Jet Training Area                                                                                                                                                                                                                                                                                                                                         | Unknown        | Class D | Prohibited Area                                                                                                                                                                                                                                                                                                                                                                        | TRSA |      | Class E | Restricted Area | FAR 93     |              | <b>Altitude of In-Flight Occurrence:</b><br>_____ ft msl |              |         |               |         |      |                                                                                                                                                                                          |  |
| Class A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Class G                                                                                                                                                                                                                                                                                                                                                                                                                                             | Military Operations Area (MOA)                                                                                                | Special                                                                                                      |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Class B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Demo Area                                                                                                                                                                                                                                                                                                                                                                                                                                           | Airport Advisory Area                                                                                                         | Air Traffic Control Area                                                                                     |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Class C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Warning Area                                                                                                                                                                                                                                                                                                                                                                                                                                        | Jet Training Area                                                                                                             | Unknown                                                                                                      |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Class D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Prohibited Area                                                                                                                                                                                                                                                                                                                                                                                                                                     | TRSA                                                                                                                          |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Class E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Restricted Area                                                                                                                                                                                                                                                                                                                                                                                                                                     | FAR 93                                                                                                                        |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input checked="" type="checkbox"/> National Weather Service<br>Flight Service Station<br>TV/Radio<br>Automated Report<br><input checked="" type="checkbox"/> Commercial Weather Service (WUATIS)<br>On-Board Weather<br>Company<br>Military<br>Internet<br>None<br>Unknown                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                                                              | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| <b>Weather Conditions</b><br>IFO<br>Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                                                              | <b>Light Conditions</b><br><input checked="" type="checkbox"/> Day<br>Night<br>Bright Night                                                                                              |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| <b>Sky/Lowest Cloud Condition</b><br>Clear<br><input checked="" type="checkbox"/> Few<br>Partial Obscuration<br>Scattered<br>Thin Broken<br>Thin Overcast<br>Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Ceiling</b><br>None (Clear)<br><input checked="" type="checkbox"/> Broken<br>Overcast<br>Obscured<br>Indefinite<br>Unknown |                                                                                                              | <b>Temperature:</b> _____ (C) or _____ (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ in. Hg<br>or _____ MB                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| <b>Lowest Cloud Condition Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Ceiling Height</b><br>_____ ft agl                                                                                         |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| <b>Wind Direction</b><br>Variable<br>-or-<br>Direction: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Wind Speed</b><br>Calm<br>Light and Variable<br>-or-<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                                                                                         | <b>Wind Gusts</b><br>Not Gusting<br>-or-<br>Speed: _____ kts                                                                  | <b>Visibility</b><br>_____ miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| <b>Intensity of Precipitation</b><br>Light<br>Moderate<br>Heavy<br>N/A<br>Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Type of Precipitation (Check all that apply)</b><br><table style="width:100%;"> <tr> <td>None</td> <td>Drizzle</td> <td>Freezing Rain</td> </tr> <tr> <td>Rain</td> <td>Ice Pellets</td> <td>Snow Shower</td> </tr> <tr> <td>Snow</td> <td>Snow Pellets</td> <td>Ice Pellets Shower</td> </tr> <tr> <td>Hail</td> <td>Snow Grains</td> <td>Freezing Drizzle</td> </tr> <tr> <td>Rain Showers</td> <td>Ice Crystals</td> <td></td> </tr> </table> |                                                                                                                               |                                                                                                              | None                                                                                                                                                                                     | Drizzle | Freezing Rain                                                                                                                                                                                                                                                                                                  | Rain    | Ice Pellets                    | Snow Shower | Snow        | Snow Pellets         | Ice Pellets Shower    | Hail                     | Snow Grains | Freezing Drizzle | Rain Showers                                                                                                                                                                                                                                                                                                                                              | Ice Crystals   |         | <b>Restriction to Visibility (Check all that apply)</b><br><table style="width:100%;"> <tr> <td>None</td> <td>Fog</td> </tr> <tr> <td>Blowing Dust</td> <td>Ground Fog</td> </tr> <tr> <td>Blowing Sand</td> <td>Haze</td> </tr> <tr> <td>Blowing Snow</td> <td>Ice Fog</td> </tr> <tr> <td>Blowing Spray</td> <td>Smoke</td> </tr> <tr> <td>Dust</td> <td>Unknown</td> </tr> </table> |      | None | Fog     | Blowing Dust    | Ground Fog | Blowing Sand | Haze                                                     | Blowing Snow | Ice Fog | Blowing Spray | Smoke   | Dust | Unknown                                                                                                                                                                                  |  |
| None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Drizzle                                                                                                                                                                                                                                                                                                                                                                                                                                             | Freezing Rain                                                                                                                 |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Rain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ice Pellets                                                                                                                                                                                                                                                                                                                                                                                                                                         | Snow Shower                                                                                                                   |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Snow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Snow Pellets                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ice Pellets Shower                                                                                                            |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Hail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Snow Grains                                                                                                                                                                                                                                                                                                                                                                                                                                         | Freezing Drizzle                                                                                                              |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Rain Showers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ice Crystals                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fog                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Blowing Dust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ground Fog                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Blowing Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Haze                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Blowing Snow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ice Fog                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Blowing Spray                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Smoke                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Dust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| <b>Icing Forecast</b><br><table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table>                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Amount                                                                                                                        | Type                                                                                                         | None                                                                                                                                                                                     | N/A     | Trace                                                                                                                                                                                                                                                                                                          | Rime    | Light                          | Clear       | Moderate    | Mixed                | Severe                | Unknown                  | Unknown     |                  | <b>Icing Actual</b><br><table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None</td> <td>N/A</td> </tr> <tr> <td>Trace</td> <td>Rime</td> </tr> <tr> <td>Light</td> <td>Clear</td> </tr> <tr> <td>Moderate</td> <td>Mixed</td> </tr> <tr> <td>Severe</td> <td>Unknown</td> </tr> <tr> <td>Unknown</td> <td></td> </tr> </table> |                | Amount  | Type                                                                                                                                                                                                                                                                                                                                                                                   | None | N/A  | Trace   | Rime            | Light      | Clear        | Moderate                                                 | Mixed        | Severe  | Unknown       | Unknown |      | <b>Turbulence</b><br><b>Type (Check all that apply)</b><br>None<br>Clear Air<br>Turbulence-Induced<br>Convective Turbulence<br><b>Severity</b><br>Light<br>Moderate<br>Severe<br>Extreme |  |
| Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Trace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Rime                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Light                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Clear                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Moderate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mixed                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Trace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Rime                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Light                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Clear                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Moderate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mixed                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |
| <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                                                              |                                                                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                |         |                                |             |             |                      |                       |                          |             |                  |                                                                                                                                                                                                                                                                                                                                                           |                |         |                                                                                                                                                                                                                                                                                                                                                                                        |      |      |         |                 |            |              |                                                          |              |         |               |         |      |                                                                                                                                                                                          |  |

|                                                                                                                                               |  |                                                                                                                                              |  |                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Aircraft Damage</b><br><input checked="" type="checkbox"/> Minor<br><input type="checkbox"/> Destroyed<br><input type="checkbox"/> Unknown |  | <b>Aircraft Fire</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> In-Flight<br><input type="checkbox"/> On-Ground |  | <b>Aircraft Explosion</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> In-Flight<br><input type="checkbox"/> On-Ground |  |
|                                                                                                                                               |  | Both Ground and In-Flight<br>Fire at Unknown Time<br>Unknown                                                                                 |  | Both Ground and In-Flight<br>Explosion at Unknown Time<br>Unknown                                                                                 |  |

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

Damage to Spinner and Propeller, left Wing-tip, and fuel leak at fuselage/left wing connection.

Damage to opposite hangar door and Spinner of plane there-in.

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

11/20/2014 - 3:15 PM

Pilot primed engine in front of hangar following completion of pre-flight check list and started engine with throttle in full prime. Pilot did not reduce throttle before starting engine. The plane leaped forward. Pilot immediately applied full brakes and attempted to reduce throttle before plane hit opposite hangar damaging hangar door and spinner of plane housed there-in.

## Operator/Owner Safety Recommendation

Double-check throttle has been retarded after priming.  
Double-check throttle position is correct before starting engine.

Was there Mechanical Malfunction/Failure? Yes ☐ No ☒  
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles  
On Part

\_\_\_\_ Hours

\_\_\_\_ Cycles

Time Since This Part  
Inspected/Overhauled

\_\_\_\_ Hours

Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

117

Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify \_\_\_\_\_

☒ 100/100 and

Jet A

JP8

100/130

Jet A-1

Automotive

Other Services, if Any, Prior to Departure

Was an emergency evacuation of the aircraft performed? Yes ☐ No ☒

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

Pilot opened his door and exited.

Aircraft Registration Number

N 43845

Manufacturer: Piper

Model: pa 32r-301

Damage to Other Aircraft

Destroyed  
Substantial☒ Minor  
None

Registered Owner of Other Aircraft

Name: Gordon Spoor N4384-S, LLC

City: St Petersburg

State: FL ZIP: 33701

Country: USA

Pilot of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

ZIP: \_\_\_\_\_

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

Date of this Report

12/02/2014  
mm/dd/yyyy

Name of Pilot/Operator: Gilbert Fortune

Signature: [Redacted]

- or -

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: \_\_\_\_\_

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

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

- or -

Check here to electronically sign this document

TSB Accident/Incident No.  
ERA15CA057

Reviewed by NTSB Regional Office  
ERA - Ashburn

Name of Investigator  
S. Stein

Date Report Received  
December 2, 2014