

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: DUNDEE State: MS
 ZIP: 38626 Country: USA
 Latitude: _____ Longitude: _____
 (Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time

Date: JUN 9 16 Local Time: 7:15 C.T.
 mm/dd/yyyy

Time Zone: CENT.

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

AIRCRAFT INFORMATION

Registration Number: N67RH
 Manufacturer: PIETENPOL
 Model: AIRCAMPER
 Serial Number: 67-84
 Year of Manufacture: 1984
 Amateur-Built: ☒ Yes ☐ No If Yes: ☒ Kit/Plans ☐ Original Design Make: PIETENPOL

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 1070 lbs

Weight at Time of Accident/Incident: 1070 lbs

Number of Seats: 2 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: 1

Number of Engines: 1

Category of Aircraft

- ☒ Airplane
- ☐ Balloon
- ☐ Blimp/Dirigible
- ☐ Glider
- ☐ Gyroplane
- ☐ Helicopter
- ☐ Powered Lift
- ☐ Rocket
- ☐ 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)

☐ Retractable

- ☐ Tricycle
- ☐ 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/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Inspection (hours)	Time Since: Overhaul (hours)
Eng. 1	<u>CONT.</u>				<u>65</u>			<u>360</u>
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 6/9/16
 mm/dd/yyyy

Airframe Total Time: 900 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
- ☐ Specify: _____

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: _____

Model or Part No.: _____

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

Was ELT still mounted in aircraft? ☐ Yes ☐ No

Was ELT still connected to antenna? ☐ Yes ☐ No

Did ELT Activate? ☐ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft? ☐ Yes ☐ No

If not activated:

- Indicate 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
- ☐ Onboard Weather
- ☐ Satellite Tracking Device
- ☐ Stall Warning System
- ☐ Video Recording Device
- ☐ Other, Specify: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Bill Kelley</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		City: <u>DUNDEE</u> State: <u>MS</u> ZIP: <u>38626</u> Country: <u>CONHOMA</u>	
Operator of Aircraft ☒ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		☒ Same Address as Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> ☐ None ☐ Flag Carrier Operating Certificate (FAR 121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141) ☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft <u>PRIVATE</u>	Regulation Flight Conducted Under ☐ 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 Special Flight ☐ Non-US, Commercial ☐ Non-US, Non-commercial ☐ Public Aircraft <i>(Select one)</i> ☐ Armed Forces ☐ Federal ☐ State ☐ Local ☒ Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> ☐ Scheduled or Commuter ☐ Domestic ☐ Non-Scheduled or Air Taxi ☐ International ☐ Passenger ☐ Cargo ☐ Mail Contract Only Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> ☐ Aerial Application ☐ Firefighting ☐ Unknown ☐ Aerial Observation ☐ Flight Test ☐ Air Drop ☐ Glider Tow ☐ Air Race/Show ☐ Instructional ☐ Banner Tow ☐ Other Work Use ☐ Business ☒ Personal ☐ Executive/Corporate ☐ Positioning ☐ External Load ☐ Skydiving ☐ Ferry	
Revenue Sightseeing Flight ☐ Yes ☒ No	Air Medical Flight ☐ Yes ☒ No		
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
Airport Name: _____ Airport Identifier: _____ Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☒ N/A		Distance From Airport Center: _____ sm Direction From Airport: _____ degrees true Airport Elevation: _____ ft. msl	
Runway Information Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☐ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Slush-Covered ☐ Vegetation ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach ☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ Crosswind ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> ☐ None ☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice ☐ SDF ☐ Sidestep ☐ LDA ☐ GPS ☐ VOR/TVOR ☐ ILS ☐ ASR ☐ VOR/DME ☐ Localizer Only ☐ Visual ☐ TACAN ☐ LOC-back course ☐ Contact ☐ RNAV ☐ Circling ☐ Unknown		VFR Approach <i>(Check all that apply)</i> ☐ None ☐ Traffic Pattern ☐ Stop and Go ☐ Straight-In ☐ Touch and Go ☐ Valley/Terrain Following ☐ Simulated Forced Landing ☐ Go Around ☐ Forced Landing ☐ Full Stop ☐ Precautionary Landing ☐ Unknown	

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
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"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 1" Identification First Name: <u>BILL</u> Middle Initial: <u>W</u> Last Name: <u>KEILEY</u> City of Residence: [REDACTED] State: <u>DUNDEEN</u> ZIP: <u>38626</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>80</u> Date of Birth: [REDACTED] mm/dd/yyyy Certificate Number: [REDACTED]																																																																																																				
Degree of Injury ☐ None ☐ Fatal ☐ Minor ☐ Unknown ☒ Serious			Seat Occupied ☐ Left ☐ Right ☐ Center ☐ Front ☒ Rear ☐ Single ☐ Unknown			Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																											
Pilot Certificate(s) (Check all that apply) ☐ None ☒ Private ☐ Student ☐ Flight Instructor ☐ Recreational ☐ Sport ☐ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign																																																																																																				
Principal Occupation ☐ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☐ Class 3 ☐ Class 1 ☒ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>2/26/16</u> mm/dd/yyyy																																																																																												
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"Flight Crewmember 2" was pilot flying ☒ Yes ☐ No																																																																																																				
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____																																																																																																				
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew; complete the following information)									
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
Crew Name and Address First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Seat Occupied ☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		Injury ☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer					Restraint Type: Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown		
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs						
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other			☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	Available ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	Used ☐ None ☐ Lap Only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	☐ Under 5 years <i>If Under 5,</i> ☐ Child Restraint ☐ Lap-Held ☐ Unknown	

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>B. Kelley</u> City: <u>DUNDEE</u> State: <u>MS</u> Country: <u>USA</u>		Time of Departure Time: <u>7:00</u> Time Zone: <u>C.T.</u>		Destination Airport ID: <u>SAME</u> City: _____ State: _____ Country: _____
Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☒ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown				
Type of ATC Clearance/Service (Check all that apply) ☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) ☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☒ Unknown ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ Class E ☐ Restricted Area ☐ FAR 93				
Altitude of In-Flight Occurrence: <u>3000</u> ft msl				
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☒ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather			Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true	
Basic Conditions ☐ VMC ☐ IMC ☒ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☒ Unknown ☐ Day ☐ Night ☐ Bright Night		
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☒ Unknown ☐ Scattered Lowest Cloud Condition Height _____ ft agl		Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☒ Unknown Ceiling Height _____ ft agl		
Wind Direction ☒ Variable -or- Direction: _____ degrees true		Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts		
Wind Gusts ☐ Not Gusting -or- Speed: _____ kts		Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft		
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☐ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☒ Unknown		
Turbulence Type (Check all that apply) ☐ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence		Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme		
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 				

DAMAGE TO AIRCRAFT AND OTHER PROPERTY**Aircraft Damage**

- ☐ None ☐ Substantial
☒ Minor ☐ Destroyed
 ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Explosion at Unknown Time
☐ On-Ground ☐ Unknown

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

AIRCRAFT SLIGHTLY DAMAGE. TOTALED BY SALVAGE CO. LUTAS SALVAGE. I PLANNED ON REPAIRING AIRPLANE.

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

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

TOOK OFF BY MYSELF JUNE 9, 2016 FROM MY AIRPORT. 2000 FT. SOD STRIP AT 7:00 PM AND BLACKED OUT AT 7:15 CRASH TIME. I DO NOT REMEMBER ANYTHING, UNTIL LOADED IN HELICOPTER TO MEMPHIS. CRASH SITE WAS MOONLAKE, MS. I AM 80 AND NEVER FAINTED OR BLACKED OUT BEFORE.

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

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 & SERVICES INFORMATION

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

APP 15 GAL Gallons

Fuel Type

☒ 80/87☐ 100 Low Lead☐ 100/130☐ 115/145☐ Jet A☐ Jet A-1☐ Jet B☐ JP8☐ Automotive☐ Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

WAS HELPED OUT OF PLANE BY PEOPLE ON GROUND

OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

JUN 27, 16
mm/dd/yyyy

Name of

Signature

-- or --

☐ Check here to electronically sign this document

Bill W. Kelley

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

☐ Check here to electronically sign this document**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ERA16CA214

Reviewed by NTSB Regional Office

ASHBURN, VA

Name of Investigator

T. GUTHER

Date Report Received

6/29/16