

TOTAL  
22 pgs.

FORM APPROVED FOR [REDACTED]

N8237Z

NO. 3147-0001

## NATIONAL TRANSPORTATION SAFETY BOARD

## NTSB Form 6120.1

## PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 [http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl). These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

## A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

## INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

**Nearest City/Place:** Use the name of the nearest community in the state where the accident/incident occurred.

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

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

**Aircraft Information:** Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

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

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

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that ALL questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

## B. DEFINITIONS

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

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

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

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

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

**Type of Fire Extinguishing System:** If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

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

**Revenue Sightseeing Flight:** Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

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

**Public Aircraft:** Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

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**Purpose of Flight:** 14 CFR Parts 91, 103, 133, 135, and 137. Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

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

**AERIAL OBSERVATION**--These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

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

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

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

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

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

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

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

**OTHER WORK USE**--Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

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

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

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

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

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

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

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

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

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

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

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

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

**Flight Crewmember Information:** Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

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

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

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

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

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

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

**Passenger(s)/Other Personnel:** Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

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

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

# 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: Honesdale State: PA  
 ZIP: 18431 Country: U.S.A.  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

### Accident/Incident Date/Time

Date: 06/29/2016 Local Time: 5:28 PM.  
mm/dd/yyyy  
 Time Zone: Eastern

(Enter in decimal degrees or degrees:minutes:seconds)

See attached Airport information sheet

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

## AIRCRAFT INFORMATION

### Registration Number:

Manufacturer: Piper Aircraft Corporation

Model: Warrior II (1982)

Serial Number: 28-8216177

### Year of Manufacture:

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

### ☒ IFR-Equipped and Certified

☐ Commercial Space Flight  
☐ Unmanned Aircraft

Maximum Gross Weight: 2,440 lbs

Weight at Time of Accident/Incident: 2,328 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: 2

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)

- |                                            |                                                   |
|--------------------------------------------|---------------------------------------------------|
| <b>Standard</b>                            | <b>Special</b>                                    |
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic         | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon           | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter          | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport         | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility           | <input type="checkbox"/> Special Light-Sport      |
|                                            | <input type="checkbox"/> Experimental Light-Sport |
- ☐ Certificate of Authorization or Waiver (COA)  
☐ None ☐ Unknown

### Landing Gear (Check all that apply)

- ☒ Retractable ☐ Tailwheel
- ☒ Tricycle ☐ High Skid

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1647 users online

**N30 Cherry Ridge Airport**  
Honesdale, Pennsylvania, USA**GOING TO HONESDALE?**Reserve a  
Hotel Room**Enterprise**  
Reserve Online**FAA INFORMATION EFFECTIVE 26 MAY 2016**[Low Ops](#) | [Rvcs](#) | [IFR](#) | [FBO](#) | [Links](#)  
[Com](#) | [Nav](#) | [Svcs](#) | [Stats](#) | [Notes](#)**Location**

FAA Identifier: N30

Lat/Long: 41-30-56.1300N / 075-15-05.6150W

41-30.935500N / 075-15.093583W

41.5155917 / -75.2515597

(estimated)

Elevation: 1357 ft. / 414 m (estimated)

Variation: 13W (2005)

From city: 3 miles S of HONESDALE, PA

Time zone: UTC -4 (UTC -5 during Standard Time)

Zip code: 18431

**Airport Operations**

Airport use: Open to the public

Activation date: 03/1965

Sectional chart: NEW YORK

Control tower: no

ARTCC: NEW YORK CENTER

FSS: WILLIAMSPORT FLIGHT SERVICE STATION

NOTAMs facility: IPT (NOTAM-D service available)

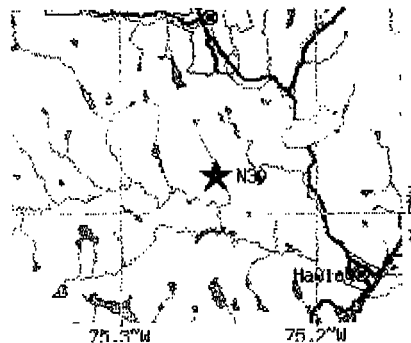
Attendance: WED-SUN 0900-1700

Wind indicator: lighted

Segmented circle: no

Lights: BCN AND LIRL RWY 18/36 ON FROM 1800 TO 0730.

Beacon: white-green (lighted land airport)

Road maps at: [MapQuest](#) [Bing](#) [Google](#)**Airport Communications**

CTAF/UNICOM: 122.8

WILKES-BARRE APPROACH: 124.5

WILKES-BARRE DEPARTURE: 124.5

**Nearby radio navigation aids****VOR radial/distance**LHY:087/10.7**VOR name Freq Var**

LAKE HENRY VORTAC 110.80 10W

**Aerial photo**

WARNING: Photo may not be current or correct



LVZr064/24.5 WILKES-BARRE VORTAC 111.60 10W  
HUQr293/30.3 HUGUENOT VOR/DME 116.10 11W  
HNKr186/33.0 HANCOCK VOR/DME 116.80 11W  
STWr342/35.6 STILLWATER VOR/DME 109.60 11W

## Airport Services

Fuel available: 100LL  
Parking: hangars and tie-downs  
Airframe service: MAJOR  
Powerplant service: MAJOR  
Bottled oxygen: NONE  
Bulk oxygen: NONE

## Runway Information

### Runway 18/36

Dimensions: 2986 x 50 ft. / 910 x 15 m  
Surface: asphalt, in fair condition  
Weight bearing capacity: Single wheel: 10.0  
Runway edge lights: low intensity

| RUNWAY 18                                                                                        | RUNWAY 36                                                                            |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Latitude: 41-31.175000N                                                                          | 41-30.696000N                                                                        |
| Longitude: 075-15.167500W                                                                        | 075-15.019667W                                                                       |
| Elevation: 1346.0 ft.                                                                            | 1329.0 ft.                                                                           |
| Gradient: 0.5%                                                                                   | 0.6% UP                                                                              |
| Traffic pattern: left                                                                            | left                                                                                 |
| Runway heading: 180 magnetic, 167 true                                                           | 000 magnetic, 347 true                                                               |
| Displaced threshold: 519 ft.                                                                     | 589 ft.                                                                              |
| Markings: basic, in good condition                                                               | basic, in good condition                                                             |
| Touchdown point: yes, no lights                                                                  | yes, no lights                                                                       |
| Obstructions: 61 ft. tree, 909 ft. from runway, 127 ft. right of centerline, 11:1 slope to clear | 25 ft. tree, 220 ft. from runway, 23 ft. left of centerline                          |
| RWY 18 APP RATIO 23:1 TO DSPLCD THLD.                                                            | RY 36 19 FT TREES 86 FT FM RY END, 74 FT RT & 28 FT TREES 188 FT FM RY END 92 FT LT. |

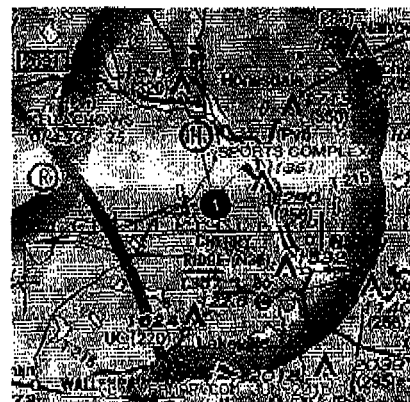
## Airport Ownership and Management from official FAA records

Ownership: Privately-owned  
Owner: EARLYNN AVIATION  
30 BOMBER LANE  
HONESDALE, PA 18431  
Phone 570-253-5833  
Manager: VINCENT VAN LAAK  
30 BOMBER LANE  
HONESDALE, PA 18431  
Phone 570-253-5833

Photo by Mark Bischoff  
Photo taken 30-Aug-2014  
looking north.

Do you have a better or more recent aerial photo of Cherry Ridge Airport that you would like to share? If so, please send us your photo.

## Sectional chart



## Airport distance calculator

Flying to Cherry Ridge Airport? Find the distance to fly.

From  to N30

[Calculate Distance](#)

## Sunrise and sunset

Times for 05-Jul-2016

|                        | Local<br>(UTC-4) | Zulu<br>(UTC) |
|------------------------|------------------|---------------|
| Morning civil twilight | 05:01            | 09:01         |
| Sunrise                | 05:35            | 09:35         |
| Sunset                 | 20:37            | 00:37         |
| Evening civil twilight | 21:10            | 01:10         |

## Current date and time

Zulu (UTC) 05-Jul-2016 18:22:43  
Local (UTC-4) 05-Jul-2016 14:22:43

## METAR

**KMPO** 24nm S 051753Z AUTO 30010KT 10SM FEW029 BKN085 25/18 A2989 RMK AO2 SLP108 T02500178 10256 20189 50005  
**KMSV** 24nm NE 051755Z AUTO 31007KT 10SM FEW035 SCT044 SCT050 27/19 A2985 RMK AO1 10270 20190 57003  
**KAVP** 24nm SW 051754Z AUTO 30007KT 10SM OVC080 28/18 A2984 RMK AO2 SLP096 T02780183 10278 20206 56002  
**KEWN** 34nm SE 051753Z AUTO VRB06KT 10SM SCT046 28/21 A2981 RMK AO2 SLP091 60000 T02830206 10289 20206 53004  
**K12N** 38nm SE 051754Z AUTO 00000KT 27/19 A2982 RMK AO1 SLP091 T02670194 10267 20206 52004  
**KMGJ** 44nm E SuperAWOS 051754Z AUTO VRB04KT 10SM SCT028 BKN055 28/22 A2979 RMK AO2 SLP083 T02830217 10283 20211 58002 TSNQ

## Airport Operational Statistics

Aircraft based on the field: 58      Aircraft operations: avg 63/day \*  
 Single engine airplanes: 54      65% local general aviation  
 Multi engine airplanes: 2      35% transient general aviation  
 Helicopters: 1      <1% military  
 Ultralights: 1      \* for 12-month period ending 30 October 2015

## Instrument Procedures

NOTE: All procedures below are presented as PDF files. If you need a reader for these files, you should [download](#) the free Adobe Reader.

**NOT FOR NAVIGATION.** Please procure official charts for flight.  
 FAA instrument procedures published for use between 23 June 2016 at 0901Z and 20 July 2016 at 0900Z.

### IAPs - Instrument Approach Procedures

RNAV (GPS) -B [download](#) (130KB)  
 VOR/DME-A [download](#) (165KB)  
 NOTE: Special Take-Off Minimums/Departure Procedures [download](#) (149KB)  
 apply

Other nearby airports with instrument procedures:

[7Q0](#) - Spring Hill Airport (13 nm SW)  
[9N3](#) - Seaman's Field Airport (23 nm W)  
[KMSV](#) - Sullivan County International Airport (23 nm NE)  
[KMPO](#) - Pocono Mountains Municipal Airport (23 nm S)  
[KAVP](#) - Wilkes-Barre/Scranton International Airport (24 nm SW)

## FBO, Fuel Providers, and Aircraft Ground Support

| Business Name        | Contact      | Services / Description                                                                                                                                        | Fuel Prices                               | Comments                                                      |
|----------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------|
|                      |              | no information available                                                                                                                                      |                                           |                                                               |
| Earlynn Aviation Inc | 570-253-5833 | If you are affiliated with Earlynn Aviation Inc and would like to show here your services, contact info, web link, logo, and more, <a href="#">click here</a> | 100LL<br>SS \$4.75<br>Updated 18-Jun-2016 | not yet rated<br>1 <a href="#">read</a> <a href="#">write</a> |
|                      |              |                                                                                                                                                               | SS=Self service                           |                                                               |
|                      |              |                                                                                                                                                               | <a href="#">UPDATE PRICES</a>             |                                                               |

## Where to Eat: Catering, Restaurants, Food shops

| Business Name                           | Contact                                               | Services / Description                  | Distance   | Comments                                      |
|-----------------------------------------|-------------------------------------------------------|-----------------------------------------|------------|-----------------------------------------------|
|                                         | 570-253-5517                                          | Restaurant                              |            |                                               |
| <a href="#">Cherry Ridge Restaurant</a> | <a href="#">[web site]</a><br><a href="#">[email]</a> | More info about Cherry Ridge Restaurant | on airport | 16 <a href="#">read</a> <a href="#">write</a> |

## Where to Stay: Hotels, Motels, Resorts, B&Bs, Campgrounds

In this space we feature lodging establishments that are convenient to the Cherry Ridge Airport. If your hotel/inn/B&B/resort is near the Cherry Ridge Airport, provides convenient transportation, or is otherwise attractive to pilots, flight crews, and airport users, consider listing it here.

[Click here to add a new listing](#)

### Hotels near Cherry Ridge Airport

|                                  | Miles | Price (\$) |
|----------------------------------|-------|------------|
| <a href="#">THE SETTLERS INN</a> | 4.3   | 166-256    |
|                                  | 4.3   | 87-130     |

### Hotels in other cities near Cherry Ridge Airport

**KHZL** 051755Z AUTO 25004KT 10SM  
 46nm SW SCT018 BKN065 OVC075 25/19  
 A2992 RMK AO2

### TAF

**KAVP** 051738Z 0518/0618 29008KT  
 24nm SW P6SM BKN050 FM060000 VRB03KT  
 P6SM FEW060 TEMPO 0609/0612  
 3SM BR SCT012

### NOTAMs

[Click](#) for the latest **NOTAMs**  
 NOTAMs are issued by the DoD/FAA and will open in a separate window not controlled by AirNav.

## AirNav: N30 - Cherry Ridge Airport

Page 4 of 4

HOTEL WAYNE1 in [Honesdale](#)1 in [Lakeville](#)

Distances are approximate, and may vary depending on the actual route traveled and the location of the travel start on the airport.

1 in [Sterling](#)1 in [Archbald](#)**Would you like to see your business listed on this page?**

If your business provides an interesting product or service to pilots, flight crews, aircraft, or users of the Cherry Ridge Airport, you should consider listing it here. To start the listing process, click on the button below

[Add Your Business to the List](#)**Other Pages about Cherry Ridge Airport**[Add A Link](#)

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| PILOT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Registered Aircraft Owner</b><br>Name: <u>Frank and Ann Ewing</u><br>Fractional Ownership Aircraft: <input type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | City: <u>[REDACTED]</u><br>State: <u>FL</u> ZIP: <u>33040</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Same Address as Registered Owner</b><br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> 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>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><input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415<br><input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431<br><input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435<br><input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437<br><br><input type="radio"/> FAR 91 Special Flight<br><input type="radio"/> Non-US, Commercial<br><input type="radio"/> Non-US, Non-commercial<br><br><input type="radio"/> Public Aircraft <i>(Select one)</i><br><input type="radio"/> Armed Forces<br><input type="radio"/> Federal<br><input type="radio"/> State<br><input type="radio"/> Local<br><input type="radio"/> Unknown |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic<br><input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International<br><br><input type="radio"/> Passenger<br><input type="radio"/> Cargo<br><input type="radio"/> Mail Contract Only                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Purpose of Flight for FAR 91, 103, 133, 137</b><br><i>(Select one)</i><br><input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Unknown<br><input type="radio"/> Aerial Observation <input type="radio"/> Flight Test<br><input type="radio"/> Air Drop <input type="radio"/> Glider Tow<br><input type="radio"/> Air Race/Show <input type="radio"/> Instructional<br><input type="radio"/> Banner Tow <input type="radio"/> Other Work Use<br><input checked="" type="radio"/> Business <input type="radio"/> Personal<br><input type="radio"/> Executive/Corporate <input type="radio"/> Positioning<br><input type="radio"/> External Load <input type="radio"/> Skydiving<br><input type="radio"/> Ferry                                                                 |  |
| <b>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 5 miles of airport)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Airport Name: <u>Cherry Ridge</u><br>Airport Identifier: <u>N30</u><br>Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> ON/A<br><u>On runway departure side of runway</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Distance From Airport Center: _____ sm<br>Direction From Airport: _____ degrees true<br>Airport Elevation: <u>1357 estimated</u> ft. msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Runway Information</b><br>Runway ID: <u>18/36</u> (L/R/C) Length: <u>2986</u> ft Width: <u>50</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm<br><input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy<br><input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy<br><input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet<br><input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft<br><input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown                                                                                                      |  |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Asphalt* <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water<br><input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood<br><input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Approach/Departure Segment</b> <i>(Select one)</i><br><input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach<br><input checked="" type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around<br><input type="radio"/> Initial Climb <input type="radio"/> Aborted Landing (after touchdown)<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice<br><input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS<br><input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual<br><input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual<br><input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact<br><input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown                                                                                                                                                                        |  | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go<br><input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go<br><input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing<br><input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing<br><input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                              |  |

See  
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| FLIGHT CREWMEMBER 1 INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
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| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>"Flight Crewmember 1" was pilot flying</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>"Flight Crewmember 1" Identification</b><br>First Name: <u>Frank</u> City of Residence: <u>Key West</u><br>Middle Initial: <u>C.</u> State: <u>Florida</u> ZIP: <u>33040</u><br>Last Name: <u>EWING</u> Country: <u>USA</u><br>Age at time of Accident/Incident: <u>64</u> Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> mm/dd/yyyy<br>Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                             | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         | <b>Restraint Type</b><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |                 |                                           | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> None    <input type="checkbox"/> Flight Instructor    <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational    <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport    <input type="checkbox"/> Flight Engineer             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | <b>Medical Certificate</b><br><input type="radio"/> None <input checked="" type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown                                                                 |                                                                                                                                                                                                                                                |                                                                                                                                                                                                             | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | <b>Date of Last Medical</b><br>mm/dd/yyyy |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>Medical Certificate Limitations</b><br><div style="font-size: 1.5em; font-weight: bold; text-align: center;">NONE</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>Medical Certificate Special Issuance</b><br><div style="font-size: 1.5em; font-weight: bold; text-align: center;">NONE</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>8/14/2014</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                | <b>Flight Review Aircraft</b><br>Make: <u>Cessna</u><br>Model: <u>172</u>                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                                                                                | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                                                                                                                                                                                                                                                         | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport             </div>                                      |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         | <b>Student Endorsements (Include dates)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>DLAC Actual</th> <th>10000 Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>270.2</td> <td>72.6</td> <td>197.6</td> <td></td> <td>61.6</td> <td>7.8</td> <td>4.5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>151.8</td> <td>76.7</td> <td>151.8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>28.2</td> <td>28.2</td> <td>28.2</td> <td></td> <td>2.8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>20.4</td> <td>20.4</td> <td>20.4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  | Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | DLAC Actual | 10000 Simulated | Total Time | 270.2 | 72.6 | 197.6 |  | 61.6 | 7.8 | 4.5 |  |  |  | Pilot in Command (PIC) | 151.8 | 76.7 | 151.8 |  |  |  |  |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days | 28.2 | 28.2 | 28.2 |  | 2.8 |  |  |  |  |  | Last 30 Days | 20.4 | 20.4 | 20.4 |  |  |  |  |  |  |  | Last 24 Hours | 0 | 0 | 0 |  |  |  |  |  |  |  |
| Flight Time (Enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                           | Airplane Single Engine                                                                                                                                                                                                                         | Airplane Multiengine                                                                                                                                                                                        | Night                                                                                                                                                                                                                                                   | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | Rotorcraft                                | Glider                                                                                                                                                                                                                                    | Lighter Than Air |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         | DLAC Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10000 Simulated |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 270.2        | 72.6                                                                                                                                                                                                                                                                                                                        | 197.6                                                                                                                                                                                                                                          |                                                                                                                                                                                                             | 61.6                                                                                                                                                                                                                                                    | 7.8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4.5             |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 151.8        | 76.7                                                                                                                                                                                                                                                                                                                        | 151.8                                                                                                                                                                                                                                          |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 28.2         | 28.2                                                                                                                                                                                                                                                                                                                        | 28.2                                                                                                                                                                                                                                           |                                                                                                                                                                                                             | 2.8                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20.4         | 20.4                                                                                                                                                                                                                                                                                                                        | 20.4                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0            | 0                                                                                                                                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                              |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                           |                                                                                                                                                                                                                                           |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |             |                 |            |       |      |       |  |      |     |     |  |  |  |                        |       |      |       |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |      |  |     |  |  |  |  |  |              |      |      |      |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |

N/A

| FLIGHT CREWMEMBER 2 INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
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| <b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>"Flight Crewmember 2" was pilot flying</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                      |                        | <b>Restraint Type</b><br><b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown                                                                         |                        | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> 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)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | <b>Other Aircraft Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                        | <b>Instrument Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                         |       | <b>Instructor Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |                                                                                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | <b>Student Endorsements</b> (Include dates)                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |            |        |                  | Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time |  |  |  |  |  |  |  |  |  |  | Pilot in Command (PIC) |  |  |  |  |  |  |  |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days |  |  |  |  |  |  |  |  |  |  | Last 30 Days |  |  |  |  |  |  |  |  |  |  | Last 24 Hours |  |  |  |  |  |  |  |  |  |  |
| Flight Time (Enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                        | Airplane Single Engine | Airplane Multiengine                                                                                                                                                                                                                                                                                                                                                                                                                                             | Night | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                | Rotorcraft | Glider | Lighter Than Air |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Simulated                                                                                                                                                                                                                      |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                        | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Injury</b>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                               |
| First Name: _____ City of Residence: _____                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                        | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                     |                                                                                                                                                                                                                                                                                                                                               |
| Middle Initial: _____ State: _____ ZIP: _____                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| <b>Pilot Certificate(s) (Check all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                        | <b>Restraint Type:</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Inflatable Restraints</b>                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  |                                                                                                                                                                        | <b>Available</b><br><input type="radio"/> None <input type="radio"/> Used<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                               |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                        | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                        | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Injury</b>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                               |
| First Name: _____ City of Residence: _____                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                        | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                     |                                                                                                                                                                                                                                                                                                                                               |
| Middle Initial: _____ State: _____ ZIP: _____                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| <b>Pilot Certificate(s) (Check all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                        | <b>Restraint Type:</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Inflatable Restraints</b>                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  |                                                                                                                                                                        | <b>Available</b><br><input type="radio"/> None <input type="radio"/> Used<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                               |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                        | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| <b>PASSENGERS / OTHER PERSONNEL (Include cabin crew, continue on separate sheet if necessary)</b>                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| <b>Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Seat</b>                                                                                                                                                            | <b>Injury</b>                                                                                                                                                                                                                                                                                                                                                                                          | <b>Restraint Type</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | <b>Inflatable Restraints</b>                                                                                                                                                                                                                                                                                                                  |
| First Name: <u>Ann</u> City: <u>Key West</u>                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input checked="" type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: <u>1</u><br><u>FRONT</u> | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                                                                                                                                                                                  | <b>Available</b><br><input type="radio"/> None <input type="radio"/> Used<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input checked="" type="radio"/> 3-point <input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown |                                                                                                                                                                                                | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| Middle Initial: <u>K.</u> State: <u>FL</u> ZIP: <u>33040</u>                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| Last Name: <u>Ewing</u> Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| First Name: <u>Sam</u> City: <u>Key West</u>                                                                                                                                                                                                                                                                                                                                                                        |  | <input checked="" type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: <u>2</u><br><u>REAR</u>  | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                                                                                                                                                                                  | <b>Available</b><br><input type="radio"/> None <input type="radio"/> Used<br><input type="radio"/> Lap Only <input checked="" type="radio"/> Lap Only<br><input checked="" type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown |                                                                                                                                                                                                | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| Middle Initial: <u>C.</u> State: <u>FL</u> ZIP: <u>33040</u>                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| Last Name: <u>Ewing</u> Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| First Name: <u>William</u> City: <u>Key West</u>                                                                                                                                                                                                                                                                                                                                                                    |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input checked="" type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: <u>2</u><br><u>REAR</u>  | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                                                                                                                                                                                  | <b>Available</b><br><input type="radio"/> None <input type="radio"/> Used<br><input type="radio"/> Lap Only <input checked="" type="radio"/> Lap Only<br><input checked="" type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown |                                                                                                                                                                                                | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| Middle Initial: <u>M.</u> State: <u>FL</u> ZIP: <u>33040</u>                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| Last Name: <u>Ewing</u> Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| First Name: _____ City: _____                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____                               | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                                                                                                                                                                                             | <b>Available</b><br><input type="radio"/> None <input type="radio"/> Used<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown                       |                                                                                                                                                                                                | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown            |
| Middle Initial: _____ State: _____ ZIP: _____                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |

| FLIGHT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>ASH</u><br>City: <u>Nashua</u><br>State: <u>New Hampshire</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>Time of Departure</b><br>Estimated Time: <u>2 PM</u><br>Time Zone: <u>Eastern</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |
| <b>Destination</b><br>Airport ID: <u>N30</u><br>City: <u>Cherry Ridge</u><br>State: <u>Pennsylvania</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR * <u>Sought flight following</u><br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown                                                                                                                                                                                      |                                                                               |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input checked="" type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise<br><input checked="" type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><input type="checkbox"/> Class A <input type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special<br><input type="checkbox"/> Class B <input type="checkbox"/> Danger Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area<br><input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown<br><input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA<br><input checked="" type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |
| <b>Altitude of In-Flight Occurrence:</b> _____ ft msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> On-Board Weather <u>called wx-brief (STANDARD BRIEF)</u>                                                                                                                                                                                         |  | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                                                                                                                                                                                                                                                                                                                                     |                                                                               |
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input checked="" type="radio"/> Scattered <u>Clouds</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Ceiling</b><br><input type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |
| <b>Lowest Cloud Condition Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Ceiling Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Variable<br>Direction: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Wind Gusts</b><br><input type="checkbox"/> Not Gusting<br>Speed: _____ kts |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Type of Precipitation (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals |                                                                               |
| <b>Restriction to Visibility (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                    |  | <b>Visibility</b> _____ miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |
| <b>Icing Forecast</b><br>Amount: <input type="radio"/> None <input type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Icing Actual</b><br>Amount: <input type="radio"/> None <input type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown                                                                                                                                                                                                                     |                                                                               |
| <b>Turbulence</b><br>Type (Check all that apply):<br><input type="checkbox"/> None <input type="checkbox"/> Clear Air<br><input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence<br>Severity: <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |
| <b>NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |

\* See bottom of page.  
See Video + still photos sent too.

| Damage to Aircraft and Other Property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Aircraft Damage</b><br><input type="radio"/> None <input type="radio"/> Substantial<br><input type="radio"/> Minor <input type="radio"/> Destroyed<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Aircraft Fire</b><br><input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown | <b>Aircraft Explosion</b><br><input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown |
| <b>Description of Damage to Aircraft and Other Property</b> (Use additional sheet if necessary)<br>Slight tire impression on grass on right side of runway approx. 150' off of runway. Some wild bushes, shabby bent in. Otherwise no damage to grounds or equipment on Airport. Broken interior cargo panel, exterior step gone. Floor slightly pushed up. Plane - bent one side of prop, gear (landing) broken off right wing hole from strut through top of wing. Under cowling bent + slight bend left side upper cowling. Very tiny dent edge of left wing front edge. No other visible damage inside or out. |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |
| <b>NARRATIVE HISTORY OF FLIGHT</b> (Please type or print in ink)<br>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.                                                                                                                                                                                              |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |
| <p>Mountains</p> <p>Trees</p> <p>SWAMP</p> <p>Trees</p> <p>SWAMP</p> <p>Trees</p> <p>SWAMP</p> <p>Trees</p> <p>81</p> <p>36</p> <p>Direction of travel</p> <p>Gust/s of wind</p> <p>About here we believe on take-off (link to negative lift + rotation) Fearful of departure stall, aborted as best chance for least damage</p> <p>Wind gust NE gust then variable</p> <p>shower / flashes</p> <p>plane direction of travel</p> <p>Airport: N30 (Cherry Ridge, PA)<br/>Intended destination with fuel stops: MCL Jackson, TN</p>                                                                                  |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |

\* Synopsis: Started take-off roll, believe gust of wind created shear at rotation approx 1/2 way down runway. Speed dropped close to stall speed, given alternatives, aborted take-off. Wife (also pilot) + I bailed.

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## Mongaup Valley, NY

Sullivan County International

© 2:02 PM EDT on July 08, 2016 [GMT -0400]

### Weather History for KMSV - June, 2016

June

29

2016

**View**

Wednesday, June 29, 2016

| <b>Daily</b>        | <b>Weekly</b> | <b>Monthly</b> | <b>Custom</b> |
|---------------------|---------------|----------------|---------------|
|                     |               |                |               |
|                     | Actual        | Average        | Record        |
| Temperature         |               |                |               |
| Mean Temperature    | 65 °F         | -              |               |
| Max Temperature     | 73 °F         | 75 °F          | 89 °F [2012]  |
| Min Temperature     | 57 °F         | 55 °F          | 51 °F [2004]  |
| Growing Degree Days | 15 [Base 50]  |                |               |
| Moisture            |               |                |               |
| Dew Point           | 58 °F         |                |               |
| Average Humidity    | 77            |                |               |
| Maximum Humidity    | 100           |                |               |
| Minimum Humidity    | 50            |                |               |
| Precipitation       |               |                |               |
| Precipitation       | 0.00 in       | -              | - ()          |
| Sea Level Pressure  |               |                |               |
| Sea Level Pressure  | 29.95 in      |                |               |

## Weather History for Monticello, NY | Weather Underground

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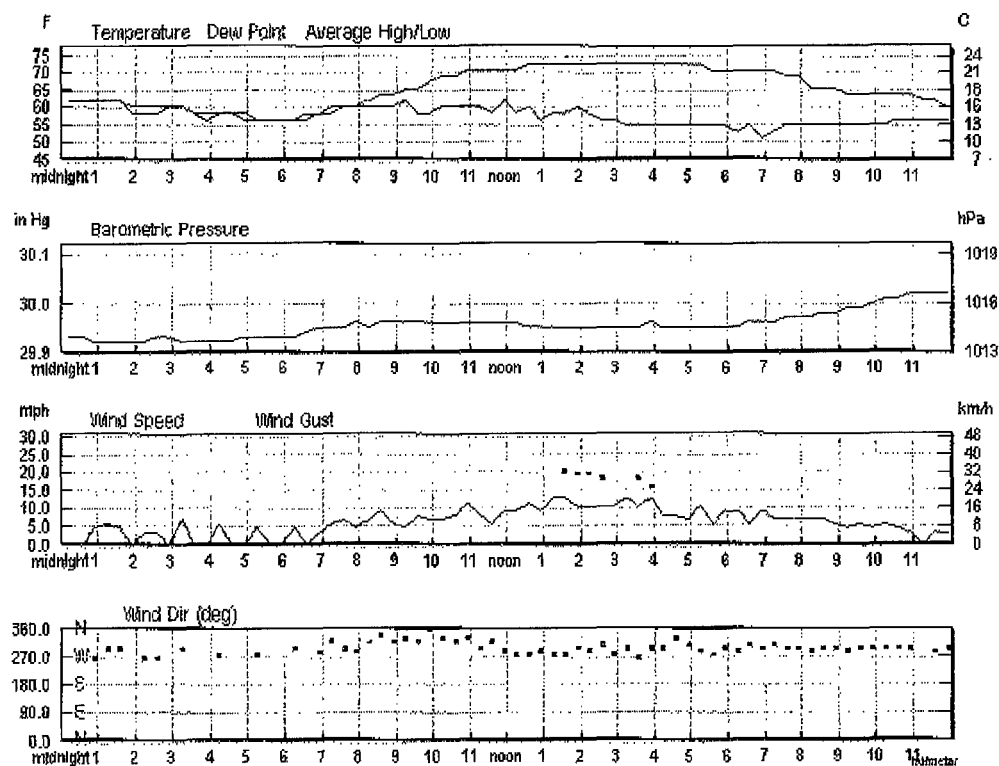
|                | Actual      | Average | Record |
|----------------|-------------|---------|--------|
| Wind           |             |         |        |
| Wind Speed     | 5 mph (WNW) |         |        |
| Max Wind Speed | 13 mph      |         |        |
| Max Gust Speed | 21 mph      |         |        |
| Visibility     | 9 miles     |         |        |
| Events         |             |         |        |

Averages and records for this station are not official NWS values.

T = Trace of Precipitation, MM = Missing Value

Source: NWS Daily Summary

## Daily Weather History Graph



report this ad | why ads?

## Search for Another Location

Airport or City:

KMSV

Submit

## Trip Planner

Search our weather history database for the weather conditions in past years. The results will help you decide how hot,

## Weather History for Monticello, NY | Weather Underground

Page 3 of 7

cold, wet, or windy it might be!

Date:

June

29

Submit

[report this ad](#) | [why ads?](#)

## Astronomy

| Jun. 29, 2016           | Rise               | Set                |
|-------------------------|--------------------|--------------------|
| Actual Time             | 5:27 AM EDT        | 8:37 PM EDT        |
| Civil Twilight          | 4:53 AM EDT        | 9:11 PM EDT        |
| Nautical Twilight       | 4:09 AM EDT        | 9:55 PM EDT        |
| Astronomical Twilight   | 3:17 AM EDT        | 10:47 PM EDT       |
| Moon                    | 1:49 AM EDT (6/29) | 3:17 PM EDT (6/29) |
| Length of Visible Light | 16h 18m            |                    |
| Length of Day           | 15h 10m            |                    |

Waning Crescent, 29% of the Moon is Illuminated

| Jun 29          | Jul 4 | Jul 11        | Jul 19 | Jul 26       |
|-----------------|-------|---------------|--------|--------------|
| Waning Crescent | New   | First Quarter | Full   | Last Quarter |

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## Hourly Weather History &amp; Observations

| Time (EDT) | Temp.   | Dew Point | Humidity | Pressure | Visibility | Wind Dir | Wind Speed | Gust Speed | Precip | Events | Conditions       |
|------------|---------|-----------|----------|----------|------------|----------|------------|------------|--------|--------|------------------|
| 12:15 AM   | 62.6 °F | 62.6 °F   | 100%     | 29.93 in | 5.0 mi     | Calm     | Calm       | -          | N/A    |        | Mostly Cloudy    |
| 12:35 AM   | 62.6 °F | 62.6 °F   | 100%     | 29.93 in | 4.0 mi     | Calm     | Calm       | -          | N/A    |        | Mostly Cloudy    |
| 12:55 AM   | 62.6 °F | 62.6 °F   | 100%     | 29.92 in | 9.0 mi     | West     | 4.6 mph    | -          | N/A    |        | Scattered Clouds |
| 1:15 AM    | 62.6 °F | 62.6 °F   | 100%     | 29.92 in | 9.0 mi     | WNW      | 5.8 mph    | -          | N/A    |        | Partly Cloudy    |
| 1:35 AM    | 62.6 °F | 62.6 °F   | 100%     | 29.92 in | 7.0 mi     | WNW      | 4.6 mph    | -          | N/A    |        | Scattered Clouds |

## Weather History for Monticello, NY | Weather Underground

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| Time (EDT) | Temp.   | Dew Point | Humidity | Pressure | Visibility | Wind Dir | Wind Speed | Gust Speed | Precip | Events | Conditions       |
|------------|---------|-----------|----------|----------|------------|----------|------------|------------|--------|--------|------------------|
| 1:55 AM    | 60.8 °F | 59.0 °F   | 94%      | 29.92 in | 9.0 mi     | Calm     | Calm       | -          | N/A    |        | Mostly Cloudy    |
| 2:15 AM    | 60.8 °F | 59.0 °F   | 94%      | 29.92 in | 5.0 mi     | West     | 3.5 mph    | -          | N/A    |        | Overcast         |
| 2:35 AM    | 60.8 °F | 59.0 °F   | 94%      | 29.93 in | 8.0 mi     | West     | 3.5 mph    | -          | N/A    |        | Mostly Cloudy    |
| 2:55 AM    | 60.8 °F | 60.8 °F   | 100%     | 29.93 in | 8.0 mi     | Calm     | Calm       | -          | N/A    |        | Scattered Clouds |
| 3:15 AM    | 60.8 °F | 60.8 °F   | 100%     | 29.92 in | 9.0 mi     | WNW      | 6.9 mph    | -          | N/A    |        | Clear            |
| 3:35 AM    | 59.0 °F | 59.0 °F   | 100%     | 29.92 in | 10.0 mi    | Calm     | Calm       | -          | N/A    |        | Partly Cloudy    |
| 3:55 AM    | 59.0 °F | 57.2 °F   | 94%      | 29.92 in | 8.0 mi     | Calm     | Calm       | -          | N/A    |        | Mostly Cloudy    |
| 4:15 AM    | 59.0 °F | 59.0 °F   | 100%     | 29.92 in | 3.0 mi     | West     | 5.8 mph    | -          | N/A    |        | Mostly Cloudy    |
| 4:35 AM    | 59.0 °F | 59.0 °F   | 100%     | 29.92 in | 10.0 mi    | Calm     | Calm       | -          | N/A    |        | Mostly Cloudy    |
| 4:55 AM    | 59.0 °F | 57.2 °F   | 94%      | 29.93 in | 3.0 mi     | Calm     | Calm       | -          | N/A    |        | Mostly Cloudy    |
| 5:15 AM    | 57.2 °F | 57.2 °F   | 100%     | 29.93 in | 0.8 mi     | West     | 4.6 mph    | -          | N/A    |        | Mostly Cloudy    |
| 5:35 AM    | 57.2 °F | 57.2 °F   | 100%     | 29.93 in | 10.0 mi    | Calm     | Calm       | -          | N/A    |        | Clear            |
| 5:55 AM    | 57.2 °F | 57.2 °F   | 100%     | 29.93 in | 3.0 mi     | Calm     | Calm       | -          | N/A    |        | Clear            |
| 6:15 AM    | 57.2 °F | 57.2 °F   | 100%     | 29.93 in | 10.0 mi    | WNW      | 4.6 mph    | -          | N/A    |        | Clear            |
| 6:35 AM    | 59.0 °F | 57.2 °F   | 94%      | 29.94 in | 10.0 mi    | Calm     | Calm       | -          | N/A    |        | Clear            |
| 6:55 AM    | 59.0 °F | 59.0 °F   | 100%     | 29.95 in | 10.0 mi    | WNW      | 3.5 mph    | -          | N/A    |        | Clear            |
| 7:15 AM    | 60.8 °F | 59.0 °F   | 94%      | 29.95 in | 10.0 mi    | NW       | 5.8 mph    | -          | N/A    |        | Mostly Cloudy    |
| 7:35 AM    | 60.8 °F | 60.8 °F   | 100%     | 29.95 in | 10.0 mi    | WNW      | 6.9 mph    | -          | N/A    |        | Overcast         |
| 7:55 AM    | 60.8 °F | 60.8 °F   | 100%     | 29.96 in | 10.0 mi    | WNW      | 4.6 mph    | -          | N/A    |        | Overcast         |
| 8:15 AM    | 62.6 °F | 60.8 °F   | 94%      | 29.95 in | 10.0 mi    | NW       | 6.9 mph    | -          | N/A    |        | Mostly Cloudy    |
| 8:35 AM    | 64.4 °F | 60.8 °F   | 88%      | 29.96 in | 10.0 mi    | NNW      | 9.2 mph    | -          | N/A    |        | Partly Cloudy    |

## Weather History for Monticello, NY | Weather Underground

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| Time (EDT) | Temp.   | Dew Point | Humidity | Pressure | Visibility | Wind Dir | Wind Speed | Gust Speed | Precip | Events | Conditions       |
|------------|---------|-----------|----------|----------|------------|----------|------------|------------|--------|--------|------------------|
| 8:55 AM    | 64.4 °F | 60.8 °F   | 88%      | 29.96 in | 10.0 mi    | NW       | 5.8 mph    | -          | N/A    |        | Scattered Clouds |
| 9:15 AM    | 66.2 °F | 62.6 °F   | 88%      | 29.96 in | 10.0 mi    | NNW      | 4.6 mph    | -          | N/A    |        | Mostly Cloudy    |
| 9:35 AM    | 66.2 °F | 59.0 °F   | 78%      | 29.96 in | 10.0 mi    | NW       | 8.1 mph    | -          | N/A    |        | Scattered Clouds |
| 9:55 AM    | 68.0 °F | 59.0 °F   | 73%      | 29.96 in | 10.0 mi    | North    | 6.9 mph    | -          | N/A    |        | Clear            |
| 10:15 AM   | 69.8 °F | 60.8 °F   | 73%      | 29.96 in | 10.0 mi    | NNW      | 6.9 mph    | -          | N/A    |        | Partly Cloudy    |
| 10:35 AM   | 69.8 °F | 60.8 °F   | 73%      | 29.96 in | 10.0 mi    | NW       | 8.1 mph    | -          | N/A    |        | Partly Cloudy    |
| 10:55 AM   | 71.6 °F | 60.8 °F   | 69%      | 29.96 in | 10.0 mi    | NNW      | 11.5 mph   | -          | N/A    |        | Partly Cloudy    |
| 11:15 AM   | 71.6 °F | 60.8 °F   | 69%      | 29.96 in | 10.0 mi    | WNW      | 8.1 mph    | -          | N/A    |        | Mostly Cloudy    |
| 11:35 AM   | 71.6 °F | 59.0 °F   | 64%      | 29.96 in | 10.0 mi    | NW       | 5.8 mph    | -          | N/A    |        | Mostly Cloudy    |
| 11:55 AM   | 71.6 °F | 62.6 °F   | 73%      | 29.96 in | 10.0 mi    | WNW      | 9.2 mph    | -          | N/A    |        | Mostly Cloudy    |
| 12:15 PM   | 71.6 °F | 59.0 °F   | 64%      | 29.96 in | 10.0 mi    | West     | 9.2 mph    | -          | N/A    |        | Partly Cloudy    |
| 12:35 PM   | 73.4 °F | 60.8 °F   | 65%      | 29.95 in | 10.0 mi    | West     | 11.5 mph   | 18.4 mph   | N/A    |        | Partly Cloudy    |
| 12:55 PM   | 73.4 °F | 57.2 °F   | 57%      | 29.95 in | 10.0 mi    | WNW      | 9.2 mph    | -          | N/A    |        | Partly Cloudy    |
| 1:15 PM    | 73.4 °F | 59.0 °F   | 61%      | 29.95 in | 10.0 mi    | West     | 12.7 mph   | 17.3 mph   | N/A    |        | Scattered Clouds |
| 1:35 PM    | 73.4 °F | 59.0 °F   | 61%      | 29.95 in | 10.0 mi    | West     | 12.7 mph   | 20.7 mph   | N/A    |        | Partly Cloudy    |
| 1:55 PM    | 73.4 °F | 60.8 °F   | 65%      | 29.95 in | 10.0 mi    | WNW      | 10.4 mph   | 19.6 mph   | N/A    |        | Clear            |
| 2:15 PM    | 73.4 °F | 59.0 °F   | 61%      | 29.95 in | 10.0 mi    | WNW      | 10.4 mph   | 19.6 mph   | N/A    |        | Partly Cloudy    |
| 2:35 PM    | 73.4 °F | 57.2 °F   | 57%      | 29.95 in | 10.0 mi    | NW       | 10.4 mph   | 18.4 mph   | N/A    |        | Clear            |
| 2:55 PM    | 73.4 °F | 57.2 °F   | 57%      | 29.95 in | 10.0 mi    | West     | 10.4 mph   | -          | N/A    |        | Clear            |
| 3:15 PM    | 73.4 °F | 55.4 °F   | 53%      | 29.95 in | 10.0 mi    | WNW      | 12.7 mph   | 17.3 mph   | N/A    |        | Clear            |
| 3:35 PM    | 73.4 °F | 55.4 °F   | 53%      | 29.95 in | 10.0 mi    | West     | 10.4 mph   | 18.4 mph   | N/A    |        | Clear            |

## Weather History for Monticello, NY | Weather Underground

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| Time (EDT) | Temp.   | Dew Point | Humidity | Pressure | Visibility | Wind Dir | Wind Speed | Gust Speed | Precip | Events | Conditions       |
|------------|---------|-----------|----------|----------|------------|----------|------------|------------|--------|--------|------------------|
| 3:55 PM    | 73.4 °F | 55.4 °F   | 53%      | 29.96 in | 10.0 mi    | WNW      | 12.7 mph   | 16.1 mph   | N/A    |        | Clear            |
| 4:15 PM    | 73.4 °F | 55.4 °F   | 53%      | 29.95 in | 10.0 mi    | WNW      | 8.1 mph    | -          | N/A    |        | Partly Cloudy    |
| 4:35 PM    | 73.4 °F | 55.4 °F   | 53%      | 29.95 in | 10.0 mi    | NNW      | 8.1 mph    | -          | N/A    |        | Scattered Clouds |
| 4:55 PM    | 73.4 °F | 55.4 °F   | 53%      | 29.95 in | 10.0 mi    | NW       | 6.9 mph    | -          | N/A    |        | Scattered Clouds |
| 5:15 PM    | 73.4 °F | 55.4 °F   | 53%      | 29.95 in | 10.0 mi    | WNW      | 10.4 mph   | -          | N/A    |        | Scattered Clouds |
| 5:35 PM    | 71.6 °F | 55.4 °F   | 57%      | 29.95 in | 10.0 mi    | West     | 5.8 mph    | -          | N/A    |        | Mostly Cloudy    |
| 5:55 PM    | 71.6 °F | 55.4 °F   | 57%      | 29.95 in | 10.0 mi    | WNW      | 9.2 mph    | -          | N/A    |        | Partly Cloudy    |
| 6:15 PM    | 71.6 °F | 53.6 °F   | 53%      | 29.95 in | 10.0 mi    | WNW      | 9.2 mph    | 16.1 mph   | N/A    |        | Clear            |
| 6:35 PM    | 71.6 °F | 55.4 °F   | 57%      | 29.96 in | 10.0 mi    | NW       | 5.8 mph    | -          | N/A    |        | Partly Cloudy    |
| 6:55 PM    | 71.6 °F | 51.8 °F   | 50%      | 29.96 in | 10.0 mi    | WNW      | 9.2 mph    | -          | N/A    |        | Partly Cloudy    |
| 7:15 PM    | 71.6 °F | 53.6 °F   | 53%      | 29.96 in | 10.0 mi    | NW       | 6.9 mph    | -          | N/A    |        | Clear            |
| 7:35 PM    | 69.8 °F | 55.4 °F   | 60%      | 29.97 in | 10.0 mi    | WNW      | 6.9 mph    | -          | N/A    |        | Clear            |
| 7:55 PM    | 69.8 °F | 55.4 °F   | 60%      | 29.97 in | 10.0 mi    | WNW      | 6.9 mph    | -          | N/A    |        | Clear            |
| 8:15 PM    | 66.2 °F | 55.4 °F   | 68%      | 29.97 in | 10.0 mi    | WNW      | 6.9 mph    | -          | N/A    |        | Scattered Clouds |
| 8:35 PM    | 66.2 °F | 55.4 °F   | 68%      | 29.98 in | 10.0 mi    | WNW      | 6.9 mph    | -          | N/A    |        | Overcast         |
| 8:55 PM    | 66.2 °F | 55.4 °F   | 68%      | 29.98 in | 10.0 mi    | WNW      | 5.8 mph    | -          | N/A    |        | Mostly Cloudy    |
| 9:15 PM    | 64.4 °F | 55.4 °F   | 73%      | 29.99 in | 10.0 mi    | WNW      | 4.6 mph    | -          | N/A    |        | Scattered Clouds |
| 9:35 PM    | 64.4 °F | 55.4 °F   | 73%      | 29.99 in | 10.0 mi    | WNW      | 5.8 mph    | -          | N/A    |        | Scattered Clouds |
| 9:55 PM    | 64.4 °F | 55.4 °F   | 73%      | 30.00 in | 10.0 mi    | WNW      | 4.6 mph    | -          | N/A    |        | Partly Cloudy    |
| 10:15 PM   | 64.4 °F | 55.4 °F   | 73%      | 30.01 in | 10.0 mi    | WNW      | 5.8 mph    | -          | N/A    |        | Mostly Cloudy    |
| 10:35 PM   | 64.4 °F | 57.2 °F   | 77%      | 30.01 in | 10.0 mi    | WNW      | 4.6 mph    | -          | N/A    |        | Mostly Cloudy    |

## Weather History for Monticello, NY | Weather Underground

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| Time (EDT) | Temp.   | Dew Point | Humidity | Pressure | Visibility | Wind Dir | Wind Speed | Gust Speed | Precip | Events | Conditions    |
|------------|---------|-----------|----------|----------|------------|----------|------------|------------|--------|--------|---------------|
| 10:55 PM   | 64.4 °F | 57.2 °F   | 77%      | 30.02 in | 10.0 mi    | WNW      | 3.5 mph    | -          | N/A    |        | Mostly Cloudy |
| 11:15 PM   | 62.6 °F | 57.2 °F   | 82%      | 30.02 in | 10.0 mi    | Calm     | Calm       | -          | N/A    |        | Overcast      |
| 11:35 PM   | 62.6 °F | 57.2 °F   | 82%      | 30.02 in | 10.0 mi    | WNW      | 3.5 mph    | -          | N/A    |        | Mostly Cloudy |
| 11:55 PM   | 60.8 °F | 57.2 °F   | 88%      | 30.02 in | 10.0 mi    | WNW      | 3.5 mph    | -          | N/A    |        | Partly Cloudy |

||

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

Operator/Owner Safety Recommendation Under conditions at the time, have no wind/then possible shear/crosswinds. Future, PERHAPS a longer runway, warning signs, AS A high accident area with wind direction changes. Along the runway. Have wind speed + direction indicators available for start, middle + end  $\frac{1}{3}$  of runway. Perhaps suggest short field take-offs depending on plane, load, etc.. At the LEAST, put some kind of warning signs in place. Learned another incident happened just a week prior to this one, along with others. Airport mgr. told me he has seen winds shift 30 fast that wind sock went around pole so fast it stuck to opposite side.

**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)

RIGHT SIDE THAT JUST REPAIRED AT ASH - ALSO FAILED?? (ANNUAL DONE APRIL 2016)  
Do not know if this applies but FAA took engine (most recent) logs, concerned about compression issues. Also took most recent ~~engine~~ <sup>airframe</sup> logbook.

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)

34 LBS.

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 AIRCRAFT**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

Door opened and all exited as fast and safely as possible, 4 occupants, 2 adults front, 2 children rear. I, pilot exited last making sure fuel and all systems OFF. None injured.

**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

Pilot of Other Aircraft

Name:

Name:

City:

City:

State:

ZIP:

State:

ZIP:

Country:

Country:

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

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

NOTE: Sent photos + video VIA EMAIL  
AND OTHER information by email.

Passenger side strut was just repaired at  
ASH (was down) AND MAY BE NO factor but  
wonder if it too MAY have collapsed upon  
take-off. Both pilot passenger wife + myself  
felt right wing dip, but think due to wind  
gusts—

Also FAA had compression concerns, tach seemed  
o.k. at run-up — MAY OR MAY NOT have been  
contributing factor as plane on way to stall—

Thanks for helping me through this —!!

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

Date of this Report

mm/dd/yyyy

Name of Pilot/Operator:

Frank C. Ewing

Signature:

— or —

☐ Check here to electronically sign this document

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.

ERA16CA237

Reviewed by NTSB Regional Office

ASHBURN, VA

Name of Investigator

T. GUNTHER

Date Report Received

7/2/08 7/8/16