

# 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

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                 |
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| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Cleveland</u> State: <u>TN</u><br>ZIP: <u>37312</u> Country: <u>USA</u><br>Latitude: _____ Longitude: _____<br><i>(Enter in decimal degrees or degrees:minutes:seconds)</i> | <b>Accident/Incident Date/Time</b><br>Date: <u>03/26/2017</u> Local Time: <u>1430</u><br><i>mm/dd/yyyy</i><br>Time Zone: <u>CDT</u><br><b>Collision with Other Aircraft:</b> <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None |
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## AIRCRAFT INFORMATION

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| <b>Registration Number:</b> <u>N782JR</u><br><b>Manufacturer:</b> <u>Cirrus</u><br><b>Model:</b> <u>SR20</u><br><b>Serial Number:</b> <u>2337</u><br><b>Year of Manufacture:</b> <u>2016</u><br><b>Amateur-Built:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If Yes:</i> <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____ | <input checked="" type="checkbox"/> IFR-Equipped and Certified<br><input type="checkbox"/> Commercial Space Flight<br><input type="checkbox"/> Unmanned Aircraft<br><b>Maximum Gross Weight:</b> <u>3050</u> lbs<br><b>Weight at Time of Accident/Incident:</b> <u>3002</u> lbs<br><b>Number of Seats:</b> <u>4</u> Flight Crew Seats: _____<br>Cabin Crew Seats: _____ Passenger Seats: _____<br><b>Number of Engines:</b> <u>1</u> |
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| <b>Category of Aircraft</b><br><input checked="" type="radio"/> Airplane<br><input type="radio"/> Balloon<br><input type="radio"/> Blimp/Dirigible<br><input type="radio"/> Glider<br><input type="radio"/> Gyroplane<br><input type="radio"/> Helicopter<br><input type="radio"/> Powered Lift<br><input type="radio"/> Rocket<br><input type="radio"/> Ultralight<br><input type="radio"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Standard</th> <th style="text-align: left;">Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> None <input type="checkbox"/> Unknown | Standard | Special | <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 | <b>Landing Gear</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> Retractable<br><input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Other Launch/Recovery System<br><input type="checkbox"/> None <input type="checkbox"/> Unknown | <b>Engine Type (Select one)</b><br><input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket<br><input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket<br><input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket<br><input type="radio"/> Turbo Jet <input type="radio"/> None<br><input type="radio"/> Turbo Fan <input type="radio"/> Unknown<br><input type="radio"/> Electric<br><b>Fuel System Type (Reciprocating)</b><br><input type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |
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| Standard                                                                                                                                                                                                                                                                                                                                                                                             | Special                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |         |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                  |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |         |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                  |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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

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| <b>Last Inspection Type</b><br><input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness<br><input type="radio"/> AAIP <input type="radio"/> Conditional Inspection<br><input type="radio"/> Annual <input type="radio"/> Unknown<br><b>Date Last Inspection:</b> _____<br><i>mm/dd/yyyy</i><br><b>Airframe Total Time:</b> _____ hrs<br>hours measured at <i>(Select one)</i><br><input type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident | <b>Propeller 1</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable<br>Manufacturer: _____<br>Model: _____<br><b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable<br>Manufacturer: _____<br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Type of Maintenance Program (Select one)</b><br><input type="radio"/> Annual<br><input type="radio"/> Conditional (Amateur-built only)<br><input type="radio"/> Manufacturer's Inspection Program<br><input type="radio"/> Other Approved Inspection Program (AAIP)<br><input type="radio"/> Continuous Airworthiness<br><input type="radio"/> Other, specify: _____                                                                                                                     | <b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No<br><i>If Yes:</i><br><b>ELT Manufacturer:</b> _____<br><b>Model or Part No.:</b> _____<br><b>TSO No.:</b> <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz)<br><input type="radio"/> C126 (406 MHz)<br><b>Was ELT still mounted in aircraft?</b> <input type="radio"/> Yes <input type="radio"/> No<br><b>Was ELT still connected to antenna?</b> <input type="radio"/> Yes <input type="radio"/> No<br><b>Did ELT Activate?</b> <input type="radio"/> Yes <input type="radio"/> No<br><i>If activated:</i><br><b>Did ELT Aid in Locating Aircraft?</b> <input type="radio"/> Yes <input type="radio"/> No<br><i>If not activated:</i><br><b>Indicate Reason:</b> <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown |
| <b>Description of Fire Extinguishing System</b><br><input type="radio"/> None<br><input type="radio"/> Specify: _____                                                                                                                                                                                                                                                                                                                                                                       | <b>Additional Equipment (Check all that apply)</b><br><input checked="" type="checkbox"/> ADS-B<br><input checked="" type="checkbox"/> Airframe Parachute<br><input type="checkbox"/> Angle of Attack Indicator<br><input checked="" type="checkbox"/> Autopilot<br><input checked="" type="checkbox"/> Data Recorder<br><input type="checkbox"/> Electronic Flight Bag or Handheld Device<br><input checked="" type="checkbox"/> Electronic Multifunction Display<br><input checked="" type="checkbox"/> Electronic Primary Flight Display<br><input type="checkbox"/> Handheld GPS<br><input type="checkbox"/> Heads Up Display<br><input checked="" type="checkbox"/> Onboard Weather<br><input type="checkbox"/> Satellite Tracking Device<br><input checked="" type="checkbox"/> Stall Warning System<br><input type="checkbox"/> Video Recording Device<br><input type="checkbox"/> Other, Specify: _____                                |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
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| <b>Registered Aircraft Owner</b><br>Name: <u>Terry Alan Riddle</u><br>Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | City: <u>Shelby</u><br>State: <u>NC</u> ZIP: <u>28150</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): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Same Address as Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input checked="" 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 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><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Scheduled or Commuter<br/> <input type="radio"/> Non-Scheduled or Air Taxi             </div> <div> <input type="radio"/> Domestic<br/> <input type="radio"/> International             </div> </div><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>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>AIRPORT INFORMATION</b> <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>Airport Name:</b> <u>Cleveland Regional</u><br><b>Airport Identifier:</b> <u>KRZR</u><br><b>Proximity to Airport:</b> <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Distance From Airport Center:</b> <u>0</u> sm<br><b>Direction From Airport:</b> <u>0</u> degrees true<br><b>Airport Elevation:</b> <u>860</u> ft. msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>Runway Information</b><br>Runway ID: <u>21</u> (L/R/C) Length: <u>5500</u> ft Width: <u>100</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Dry<br/> <input type="checkbox"/> Holes<br/> <input type="checkbox"/> Ice Covered<br/> <input type="checkbox"/> Rough<br/> <input type="checkbox"/> Rubber Deposits<br/> <input type="checkbox"/> Slush-Covered             </div> <div style="width: 33%;"> <input type="checkbox"/> Snow-Compacted<br/> <input type="checkbox"/> Snow-Crusted<br/> <input type="checkbox"/> Snow-Dry<br/> <input type="checkbox"/> Snow-Wet<br/> <input type="checkbox"/> Soft<br/> <input type="checkbox"/> Vegetation             </div> <div style="width: 33%;"> <input type="checkbox"/> Water-Calm<br/> <input type="checkbox"/> Water-Choppy<br/> <input type="checkbox"/> Water-Glassy<br/> <input checked="" type="checkbox"/> Wet<br/> <input type="checkbox"/> Unknown             </div> </div> |  |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Asphalt<br/> <input type="checkbox"/> Concrete<br/> <input type="checkbox"/> Dirt             </div> <div style="width: 33%;"> <input type="checkbox"/> Grass/Turf<br/> <input type="checkbox"/> Gravel<br/> <input type="checkbox"/> Ice             </div> <div style="width: 33%;"> <input type="checkbox"/> Macadam<br/> <input type="checkbox"/> Metal/Wood<br/> <input type="checkbox"/> Snow<br/> <input checked="" type="checkbox"/> Unknown             </div> </div>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>Approach/Departure Segment</b> <i>(Select one)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="radio"/> Taxi<br/> <input checked="" type="radio"/> Takeoff<br/> <input type="radio"/> Initial Climb             </div> <div style="width: 25%;"> <input type="radio"/> VFR Departure<br/> <input type="radio"/> IFR Departure Procedure/Clearance             </div> <div style="width: 25%;"> <input type="radio"/> On Instrument Approach<br/> <input type="radio"/> Landing             </div> <div style="width: 25%;"> <input type="radio"/> Downwind<br/> <input type="radio"/> Base<br/> <input type="radio"/> Final<br/> <input type="radio"/> Crosswind             </div> <div style="width: 25%;"> <input type="radio"/> Low Approach<br/> <input type="radio"/> Go Around<br/> <input type="radio"/> Aborted Landing (after touchdown)<br/> <input type="radio"/> Unknown             </div> </div>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> ADF/NDB<br/> <input type="checkbox"/> SDF<br/> <input type="checkbox"/> VOR/TVOR<br/> <input type="checkbox"/> VOR/DME<br/> <input type="checkbox"/> TACAN             </div> <div style="width: 33%;"> <input type="checkbox"/> PAR<br/> <input type="checkbox"/> Sidestep<br/> <input type="checkbox"/> ILS<br/> <input type="checkbox"/> Localizer Only<br/> <input type="checkbox"/> LOC-back course<br/> <input type="checkbox"/> RNAV             </div> <div style="width: 33%;"> <input type="checkbox"/> MLS<br/> <input type="checkbox"/> LDA<br/> <input type="checkbox"/> ASR<br/> <input type="checkbox"/> Visual<br/> <input type="checkbox"/> Contact<br/> <input type="checkbox"/> Circling             </div> </div> <input type="checkbox"/> Unknown                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Traffic Pattern<br/> <input type="checkbox"/> Straight-In<br/> <input type="checkbox"/> Valley/Terrain Following<br/> <input type="checkbox"/> Go Around<br/> <input type="checkbox"/> Full Stop             </div> <div style="width: 50%;"> <input type="checkbox"/> Stop and Go<br/> <input type="checkbox"/> Touch and Go<br/> <input type="checkbox"/> Simulated Forced Landing<br/> <input type="checkbox"/> Forced Landing<br/> <input type="checkbox"/> Precautionary Landing             </div> </div> <input type="checkbox"/> Unknown                                                                                                                                                                                                                         |  |

| "FLIGHT CREWMEMBER 1" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
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| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input checked="" 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><div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>Terry</u><br/>           Middle Initial: <u>A</u><br/>           Last Name: <u>Riddley</u> </div> <div>           City of Residence: <u>Shelby</u><br/>           State: <u>NC</u>    ZIP: <u>28150</u><br/>           Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Age at time of Accident/Incident: <u>48</u></div> <div>Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> <small>mm/dd/yyyy</small></div> </div> <div style="text-align: center; margin-top: 5px;">Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <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><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Left<br/> <input type="radio"/> Right<br/> <input type="radio"/> Center             </div> <div> <input checked="" type="radio"/> Front<br/> <input type="radio"/> Rear<br/> <input type="radio"/> Single             </div> <div> <input type="radio"/> Unknown             </div> </div> |                        | <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 type="radio"/> 3-point<br/> <input checked="" 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 type="radio"/> 3-point<br/> <input checked="" type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input checked="" type="checkbox"/> Installed<br><input checked="" type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input type="checkbox"/> Private<br/> <input checked="" type="checkbox"/> Student             </div> <div> <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Sport             </div> <div> <input type="checkbox"/> Commercial<br/> <input type="checkbox"/> Airline Transport<br/> <input checked="" type="checkbox"/> Flight Engineer             </div> <div> <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Foreign             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <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><u>06/24/2016</u><br><small>mm/dd/yyyy</small> |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <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><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None<br/> <input type="radio"/> Class 1<br/> <input type="radio"/> Class 2             </div> <div> <input checked="" type="radio"/> Class 3<br/> <input type="radio"/> Driver's License (Sport Pilot only)<br/> <input type="radio"/> Unknown             </div> </div>             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Medical Certificate Limitations</b><br>None                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>Medical Certificate Special Issuance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                                                             |                        | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <b>Airplane Rating(s)</b> <i>(Check all that apply)</i><br><input checked="" 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> <i>(Check all that apply)</i><br><input checked="" 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> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                         | <b>Instructor Rating(s)</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><div style="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</b> <i>(Include dates)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                      |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td>62</td> <td>62</td> <td>62</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td>3</td> <td>3</td> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">Last 90 Days</td> <td>62</td> <td>62</td> <td>62</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">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 style="text-align: left; padding: 5px;">Last 24 Hours</td> <td>1</td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                               |        |                  | Flight Time <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | 62 | 62 | 62 |  |  |  |  |  |  |  | Pilot in Command (PIC) | 3 | 3 | 3 |  |  |  |  |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days | 62 | 62 | 62 |  |  |  |  |  |  |  | Last 30 Days |  |  |  |  |  |  |  |  |  |  | Last 24 Hours | 1 | 1 | 1 |  |  |  |  |  |  |  |
| Flight Time <i>(Enter appropriate number of hours in each box)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                                                                                                           | Airplane Single Engine | Airplane Multiengine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Night                                                                                                                                                                                                                                                   | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                      | Rotorcraft                                                                    | Glider | Lighter Than Air |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Simulated                                                                                                                                                                                                                                            |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 62           | 62                                                                                                                                                                                                                                                                                                                                                                                                          | 62                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3            | 3                                                                                                                                                                                                                                                                                                                                                                                                           | 3                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 62           | 62                                                                                                                                                                                                                                                                                                                                                                                                          | 62                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1            | 1                                                                                                                                                                                                                                                                                                                                                                                                           | 1                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                               |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |    |    |    |  |  |  |  |  |  |  |                        |   |   |   |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |    |    |    |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |   |   |   |  |  |  |  |  |  |  |

| 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 checked="" 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><div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>William</u><br/>           Middle Initial: <u>S</u><br/>           Last Name: <u>Farrell</u> </div> <div>           City of Residence: <u>Matthews</u><br/>           State: <u>NC</u>    ZIP: <u>28104</u><br/>           Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Age at time of Accident/Incident: <u>45</u></div> <div>Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> mm/dd/yyyy</div> </div> <div style="text-align: center; margin-top: 5px;">Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                      |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |
| <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 type="radio"/> Left <input checked="" 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;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input checked="" type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input checked="" type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input checked="" type="checkbox"/> Installed<br><input checked="" 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="flex: 1; min-width: 150px;"><input type="checkbox"/> None</div> <div style="flex: 1; min-width: 150px;"><input checked="" type="checkbox"/> Flight Instructor</div> <div style="flex: 1; min-width: 150px;"><input checked="" type="checkbox"/> Commercial</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> US Military</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Private</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Recreational</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Airline Transport</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Foreign</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Student</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Sport</div> <div style="flex: 1; min-width: 150px;"><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 type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Date of Last Medical</b><br><u>01/12/2017</u><br>mm/dd/yyyy                                                                                                                                                                                       |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |
| <b>Medical Certificate Limitations</b><br>Corrective Lenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                      |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |
| <b>Medical Certificate Special Issuance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                      |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>05/04/2016</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                          | <b>Flight Review Aircraft</b><br>Make: <u>Cirrus</u><br>Model: <u>SR20</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                      |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |
| <b>Airplane Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | <b>Other Aircraft Rating(s) (Check all that apply)</b><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) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                                 |       | <b>Instructor Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane Single-Engine<br><input checked="" type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport             </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>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>1,930</td> <td>146</td> <td>1,707</td> <td>187</td> <td>127</td> <td>103</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>1,820</td> <td>146</td> <td>1,633</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>1,435</td> <td>130</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 colspan="10" style="background-color: black; color: black;">[REDACTED]</td> </tr> <tr> <td>Last 90 Days</td> <td>119</td> <td>54</td> <td>87</td> <td>32</td> <td>3</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>39</td> <td>27</td> <td>32</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>4</td> <td>4</td> <td>4</td> <td></td> <td>4</td> <td>4</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 | 1,930 | 146 | 1,707 | 187 | 127 | 103 |  |  |  |  | Pilot in Command (PIC) | 1,820 | 146 | 1,633 |  |  |  |  |  |  |  | Time as Instructor | 1,435 | 130 |  |  |  |  |  |  |  |  | This Make/Model | [REDACTED] |  |  |  |  |  |  |  |  |  | Last 90 Days | 119 | 54 | 87 | 32 | 3 | 8 |  |  |  |  | Last 30 Days | 39 | 27 | 32 | 8 |  |  |  |  |  |  | Last 24 Hours | 4 | 4 | 4 |  | 4 | 4 |  |  |  |  |
| Flight Time (Enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                        | Airplane Single Engine                                                     | Airplane Multiengine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Night | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                      | Rotorcraft | Glider | Lighter Than Air |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Simulated                                                                                                                                                                                                                                            |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1,930        | 146                                                                                                                                                                                                                                                                                                                      | 1,707                                                                      | 187                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 127   | 103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                      |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1,820        | 146                                                                                                                                                                                                                                                                                                                      | 1,633                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                      |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1,435        | 130                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                      |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | [REDACTED]   |                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                      |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 119          | 54                                                                                                                                                                                                                                                                                                                       | 87                                                                         | 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3     | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                      |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 39           | 27                                                                                                                                                                                                                                                                                                                       | 32                                                                         | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                      |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4            | 4                                                                                                                                                                                                                                                                                                                        | 4                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4     | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                      |            |        |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |     |     |     |  |  |  |  |                        |       |     |       |  |  |  |  |  |  |  |                    |       |     |  |  |  |  |  |  |  |  |                 |            |  |  |  |  |  |  |  |  |  |              |     |    |    |    |   |   |  |  |  |  |              |    |    |    |   |  |  |  |  |  |  |               |   |   |   |  |   |   |  |  |  |  |

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                           |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                           |                                                                                                                                                     | <b>Seat Occupied</b><br><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                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                 | <b>Injury</b><br><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>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer           </div> </div> |  |  |                                                                           |                                                                                                                                                     | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <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           </div> <div style="flex: 1;"> <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           </div> </div> |                                                                                                                                                                                                                                 | <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>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><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                           |                                                                                                                                                     | <b>Seat Occupied</b><br><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                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                 | <b>Injury</b><br><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>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer           </div> </div> |  |  |                                                                           |                                                                                                                                                     | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <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           </div> <div style="flex: 1;"> <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           </div> </div> |                                                                                                                                                                                                                                 | <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>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                                                   |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew, continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                                                                           |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                                                                                                                                                                                                           |                                                                                                                                                                   |
| Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                           | Seat                                                                                                                                                | Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                  |                                                                                                                                                                                                                                | Inflatable Restraints                                                                                                                                                                                     | Age                                                                                                                                                               |
| First Name: <u>Lori</u> City: <u>Shelby</u><br>Middle Initial: _____    State: <u>NC</u> ZIP: <u>28150</u><br>Last Name: <u>Riddley</u> Country: <u>USA</u><br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input checked="" type="radio"/> Passenger    <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                     |  |  |                                                                           | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input checked="" type="radio"/> Unknown<br>Row: _____ | <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<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 | <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     | <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 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: <u>Lilly</u> City: <u>Shelby</u><br>Middle Initial: _____    State: <u>NC</u> ZIP: <u>28150</u><br>Last Name: <u>Riddley</u> Country: <u>USA</u><br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input checked="" type="radio"/> Passenger    <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                    |  |  |                                                                           | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input checked="" type="radio"/> Unknown<br>Row: _____ | <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<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 | <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     | <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 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____    City: _____<br>Middle Initial: _____    State: _____    ZIP: _____<br>Last Name: _____    Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                              |  |  |                                                                           | <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<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>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                | <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            | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____    City: _____<br>Middle Initial: _____    State: _____    ZIP: _____<br>Last Name: _____    Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                              |  |  |                                                                           | <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<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>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                | <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            | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

# FLIGHT ITINERARY INFORMATION

|                                                                                                                             |                                                                        |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KRZR</u><br>City: <u>Cleveland</u><br>State: <u>TN</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>1430</u><br>Time Zone: <u>CDT</u> | <b>Destination</b><br>Airport ID: <u>KEHO</u><br>City: <u>Shelby</u><br>State: <u>NC</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input checked="" type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br><b>Activated?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise<br><input 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</b> (Check all that apply)<br><input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special<br><input type="checkbox"/> Class B <input type="checkbox"/> Demo 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 type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93 |  |  |  | <b>Altitude of In-Flight Occurrence:</b><br>_____ ft msl |

# WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)<br><input 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 checked="" 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 |  | <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 type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl                                                                                                                                                                                                                                       |  | <b>Ceiling</b><br><input type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input checked="" type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>2000 _____ ft agl                                                                                                                                                                                                                                                                                                                        |                                                                                             |
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>- or -<br>Direction: <u>220</u> degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>- or -<br>Speed: <u>12</u> kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Wind Gusts</b><br><input type="checkbox"/> Not Gusting<br>- or -<br>Speed: <u>20</u> 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</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Ice Pellets<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>Icing Forecast</b><br><b>Amount</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown<br><b>Type</b><br><input type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown                                                                                                                                                       |  | <b>Icing Actual</b><br><b>Amount</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown<br><b>Type</b><br><input type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown                                                                                                                                                                              |                                                                                             |
| <b>Restriction to Visibility</b> (Check all that apply)<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>Turbulence</b><br><b>Type</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air<br><input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence<br><b>Severity</b><br><input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme                                                                                                                                                                                                            |                                                                                             |

**NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

Convective, Sierra

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

☐ None                      ☐ Substantial  
☒ Minor                    ☐ Destroyed  
☐ Unknown

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

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

Gear, prop, composite

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.

See Attached Statement

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

Operator/Owner Safety Recommendation

See attached

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

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

Total Time/Cycles  
On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

Time Since This Part  
Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

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

30 \_\_\_\_\_ Gallons

Fuel Type

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

Other Services, if Any, Prior to Departure

Fueled to 32 gallons, estimated fuel at takeoff after run-up/taxi was 30 gallons

**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

All exited unassisted using traditional method of egress for a Cirrus

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

Aircraft Registration Number

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

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

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

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

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

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

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

Pilot of Other Aircraft

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

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

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

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

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

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

NA

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

**Date of this Report**

04/17/2017

mm/dd/yyyy

**Name of Pilot/Operator:** William Farrell

**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.**

ERA17CA137

**Reviewed by NTSB Regional Office**

ERA-VA

**Name of Investigator**

A. McCarter

**Date Report Received**

04-17-2017

**PIC, WILLIAM SHELDON FARRELL, pilot certificate [REDACTED]**

On Sunday, March 26<sup>th</sup>, 2017, I flew N782JR from KEQY (Monroe, NC) to KSYI (Shelbyville, TN) to pick-up Alan Riddley and his family. Mr. Riddley is a student pilot working on his private pilot certificate, as well as the owner of N782JR. The final destination for Mr. Riddley and his family was their home at KEHO (Shelby, NC).

After meeting Mr. Riddley at KSYI, I planned an IFR flight to KRZR (Cleveland, TN) for refueling on the way home. Takeoff at KSYI by Mr. Riddley at approximately 12:00 CDT was uneventful, and the flight to KRZR took approximately fifty minutes including an instrument approach. Conditions of the flight were IFR until on final approach, somewhere around 2000' AGL. Mr. Riddley landed unassisted on runway 21 with the wind straight down the runway from 12 knots gusting to 20 knots.

I planned the trip from KRZR to KEHO would take one hour and five minutes without an instrument approach, which would be required based on the weather forecast. I determined that I could take 32 gallons of fuel after a weight and balance check. This was more fuel than necessary to meet IFR reserve requirements to KEHO, but I felt it was a measure of safety to have some additional fuel due to lingering weather that had not cleared up along our route home. I instructed the linesman at the FBO to fuel the plane to "tabs plus three" each side. Tabs are 13 gallons in this plane, so that was 32 gallons.

After refueling we returned to the plane which was parked directly in front of the FBO. I do not remember the seating arrangement of Mr. Riddley's wife and daughter in the back seats. Mr. Riddley started the plane, added the fuel we had taken on the MFD, and then started reviewing the checklists on the MFD. Specifically, he went through the "Before Taxiing" and "Taxiing" checklists before starting on the "Before Takeoff". On that checklist, Mr. Riddley got to FLAPS...Set 50% and Check. I told him we should defer setting flaps to 50% until after taxiing to the end of the runway. I then instructed him to taxi to the approach end of runway 21 to do the run-up instead of doing it in front of the FBO and we would finish the checklist down there.

Mr. Riddley taxied as instructed, and finished the checklist items in the "Before Takeoff" section at the approach end of the runway. The next checklist was "Normal Takeoff", where rotation is listed as 65-70 knots and flaps-up is listed as 85 knots. Finally, we conducted a "flow" check to confirm we were ready for takeoff. This flow started at the center console and proceeded as: FUEL – Fullest Tank, BOOST – On, MIXTURE – Rich, FLAPS – 50%, A/C – Recirc Off, HDG – Departure Runway or Turnout by ATC, ALT – Initial Altitude to Capture, LANDING LIGHT – On, PITOT HEAT – On.

I specifically remember Mr. Riddley moving his hand through the flow process, but it is now evident that I missed him moving the flaps to 50%, even though it was on the MFD checklist as well as a final pre-takeoff flow. I do not know how I missed the flaps being set, we were not in a hurry and I was not distracted by anything. The plane is certified for no flap takeoffs, but that was not our intention because there is no performance data provided in the POH for a no flap takeoff.

After conducting the "flow", Mr. Riddley announced his takeoff on runway 21. We stated the CAPS (Cirrus Airframe Parachute System) available callout would be 1400' MSL. He took the runway and initiated the takeoff unassisted. Acceleration was normal, and I did not observe any engine abnormalities. I believe rotation was at approximately 67 knots.

Immediately following rotation, Mr. Riddley struggled with the plane to maintain runway alignment and called out my name. The plane had started banking to the right. I said "I have the controls" and took immediate control of the airplane at an estimated ten feet off the ground. It could have been more or less, it's hard to say because it happened so quickly. At that time, the stall annunciator was audible and I sensed we were sinking. I pushed the nose of the plane over and leveled the wings as best as I could before we impacted the ground. There was not enough time or altitude to do any other recovery. After impacting the ground, we ran off the runway on the right side of runway 21. I think the airplane may have spun around at least once while sliding across the grass, but I am not sure.

The airplane came to rest, and everyone was able to get out unassisted. I turned off the fuel and mixture, and may have pulled the power lever to idle also. I turned off all of the electronics. An emergency crew was on scene it seemed like within a minute of the plane coming to rest. They confirmed everyone was ok and no one needed medical attention. They advised the fire department was on the way to make sure there were no fuel leaks. I went back in the plane and inserted the parachute pin into the emergency handle to prevent any potential activation of the ballistic parachute. I noted the airbags in the seatbelts had not deployed.

The airport director of operations, Mark Fidler, and I then had a joint conference call notifying the NTSB [REDACTED] of the incident. My preliminary assessment to them by phone was the airplane stalled on takeoff.

Afterwards, Mr. Riddley and I started discussing what could have caused the airplane to stall. I reviewed my weight and balance calculation, as well as the previous uneventful take off at KSYI. The wind had been gusting, and I also considered wind shear. Mr. Riddley said he may not have put the flaps to 50% after I had directed him to taxi to the end of runway 21 to finish the checklist. We then walked back to the plane and saw the flaps were not deployed.

Included as part of this statement is the weather briefing and weight and balance calculation for this flight. The weight and balance calculation was 28 pounds under gross weight and within the envelope. After the incident, Mr. Riddley told me he was only 185 pounds (my estimate on the W&B was 200), his wife was 130 pounds (my estimate for the W&B was 125), and his daughter was 115 (my estimate on the W&B was 125). Based on those actual weights, we were 48 pounds under gross weight and within the envelope.

Factors which contributed to this crash were my failure to ensure the student pilot deployed flaps to 50% for takeoff, even though that was not a limitation in the POH. Based on how the plane reacted on rotation, I believe the wind was also a factor. Ultimately however, I accept responsibility for failing to maintain control of the aircraft, which resulted in this incident.