



AIG Aerospace
Dallas, Texas 75201

Claim Number _____

PILOT/OPERATORS REPORT

1. LOCATION OF EVENT, DATE & TIME			
City (nearest) and State: <u>Elsanor, AL</u>		Local Time <u>Appx. 3:30 pm</u>	Date: <u>8/24/19</u>
If accident occurred on an approach to, or takeoff from an airport or on an airport, give name of Airport: <u>Coastal Soaring/IAL4</u>		Zone <u>Central</u>	A.M. ☐ P.M. ☒
		Runway <u>270</u>	
		Direction <u>West</u>	Length (ft) <u>2700</u>
		Type of Surface & Condition <u>Grass</u>	

2. AIRCRAFT			
Aircraft Make: <u>DG 505MB</u>	Engine Make: <u>505</u>	Name & Address of Owner: <u>Fred Rethig</u>	
Model: <u>505</u>	Model: <u>505</u>	Airworthiness Inspections: ☒ Periodic/Annual ☐ 100 Hour	
Registration#: <u>N165MB</u>	Horsepower: <u>505</u>	Date: <u>Mobile, AL 36691</u>	
Serial#: <u>5E247823</u>	Serial#: <u>5E247823</u>		
Describe Aircraft Damage: <u>Totaled</u>	Est. Cost Repairs: <u>\$</u>	☐ Progressive Operational time since last inspection	Time <u>Same</u>
		Total Time of Aircraft <u>9 hrs.</u>	
ENGINES			
Total Time: _____ Left ☐ Since New ☐ Remain ☐ Overhaul			
_____ Right ☐ Since New ☐ Remain ☐ Overhaul			
PRESENT Location of Aircraft: <u>Atlanta Air - Griffin, GA</u>			

3. KIND OF FLYING AND PURPOSE (Check Each Applicable Item)			
☐ Commercial Operator	☐ Instructional	☐ Local	
☒ Cross-Country	If so, ☐ Solo ☐ Dual	☒ Pleasure/Personal Transportation	
☐ Business Transportation	☐ Air Taxi/Charter	☐ Aerial Application/Agricultural	
☐ Other (describe): _____			

4. PILOT DATA			
Name and Address: <u>Fred Anthony Rethig</u>		Telephone#: <u>Mobile, AL 36693</u>	Business or profession: <u>S/E</u>
Pilot Certificate: <u>[Redacted]</u>		Age: <u>64</u>	
Class/Type Ratings: <u>Glider (self launch)</u>		Pilot Time-Hrs Flown <u>542.8</u>	Last 24 Hrs. <u>1.5</u>
Certificate#: <u>[Redacted]</u>		Total Time <u>542.8</u>	Last 90 Days <u>14.5</u>
☐ Student	☐ Airplane	☐ Rotorcraft	Total Time <u>542.8</u>
☒ Private	☐ Singe Engine	☐ Helicopter	Instrument <u>542.8</u>
☐ Commercial	☐ Flight Instructor	☐ Gyroplane	Night <u>542.8</u>
Medical Certificate Issued <u>Not needed</u>		☐ Land	This make/model <u>Multi-Engine</u>
Date <u>11-11-17</u>	Class <u>[Redacted]</u>	☐ Sea	Retractable Gear <u>Helicopter</u>
Type of Ratings (s) <u>[Redacted]</u>		Aerial Application <u>[Redacted]</u>	
Limitations: <u>[Redacted]</u>			
Biennial Flight Review: <u>[Redacted]</u>		Is Above Pilot Time Logged ☒ Yes ☐ No	
Examiner: <u>Rus Howard</u>			

5. LIST OF OCCUPANTS								
Name & Address (Indicate injuries to pilot, other occupants and persons on the ground)	Total Persons Aboard	Crew	Passenger	Non Occupant	Degree of Injury			
					Fatal	Serious	Minor	None
Fred Rethg [REDACTED] Mobile, AL 36683	2	☒	☐	☐	☐	☐	☐	☐
Christian Rethg [REDACTED] Daphne, AL 36526		☐	☒	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐

6. DAMAGE TO PROPERTY OF OTHERS		
Description of Property	Description of Damage	Name & Address of Owner
Trees	Tree tops if any	

7. Conditions of Flight

☐ Dawn ☒ Daylight ☐ Dusk ☐ Night ☐ Clear ☐ Ceiling 15,000 ft. Visibility miles Mi. Temperature 90+ F.

Elevation of site 180 ft. Wind direction calm Velocity 0 kts. Turbulence-if gusty, maximum gusts kts.

☐ Fog ☐ Haze/Smoke ☐ Rain ☐ Thunderstorm ☐ Hail ☐ Snow ☐ Sleet ☐ Freezing Rain ☐ Icing conditions

☐ Other (describe):

Was a flight plan filed? ☒ No ☐ Yes ☐ VFR ☐ IFR ☐ VFR/ON TOP ☐ FLIGHT FOLLOWING SERVICE
 If weather was involved, state if weather briefing was obtained or weather report checked, and how accomplished.

8. Mechanical Failure / Malfunction

Mechanical Failure/Malfunction – Fill out only if the accident involved a mechanical failure or malfunction. For the purpose of the report, a failure or malfunction means any failure or malfunction of the aircraft occurring under any circumstances, except when failure resulted from impact with the ground or collision with another object. Describe Failure/Malfunction below.

Failure/Malfunction Occurred In: ☐ Aircraft Structure ☐ Engine ☐ Propeller ☐ Accessories/equipment

Name part that Failed/Malfunctioned	Manufacturer	Part Number	Serial Number Of Part	Time since Overhaul	Total Time on Part

Did fire follow impact? ☒ No ☐ Yes

What happened? Describe event and circumstances leading to accident, and the nature of accident. Include a sketch if you desire. Attach extra sheet if more space is needed. If on a cross-country flight, state point and time of departure and intended destination.

Do not remember the flight due to head injury

[REDACTED]	9-8-19	[REDACTED]	9-8-19
Pilot's Signature	Date	Owner's Signature	Date
This is to certify that the flight, which resulted in this accident, was made by the above pilot with my approval.			
		[REDACTED]	9-8-19
		Named Insured's Signature	Date
This is to certify that the flight, which resulted in this accident, was made by the above pilot while under my direct Control and Supervision as a Licensed Certified Flight Instructor.			
CFI's Signature	CFI Number	Date	