

| <b>NATIONAL TRANSPORTATION SAFETY BOARD</b><br><b>PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT</b><br>This form to be used for reporting civil and public aircraft accidents and incidents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------|--------------------|----------------|-----------------|-------------|------------|-------------|-------------|-------------|--------|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>BASIC INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Accident/Incident Location<br>Nearest City/Place: <u>AROMORE</u> State: <u>TN</u><br>ZIP: <u>38449</u> Country: <u>USA</u><br>Latitude: <u>35.04447°N</u> Longitude: <u>86.81739°W</u><br><small>(Enter in decimal degrees or degrees:minutes:seconds)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | Accident/Incident Date/Time<br>Date: <u>08/13/2020</u> Local Time: <u>MID AFTERNOON</u><br><small>mm/dd/yyyy</small> Time Zone: <u>CENTRAL</u><br>Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input type="radio"/> None                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>AIRCRAFT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Registration Number: <u>3962V</u><br>Manufacturer: <u>CESSNA</u><br>Model: <u>170</u><br>Serial Number: <u>18281</u><br>Year of Manufacture: <u>1947</u><br>Amateur-Built: <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | <input type="checkbox"/> IFR-Equipped and Certified<br><input type="checkbox"/> Commercial Space Flight<br><input type="checkbox"/> Unmanned Aircraft<br>Maximum Gross Weight: <u>2200</u> lbs<br>Weight at Time of Accident/Incident: <u>1835</u> lbs<br>Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u><br>Cabin Crew Seats: <u>0</u> Passenger Seats: <u>3</u><br>Number of Engines: _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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><small>(Check all that apply)</small><br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Standard</b><br/> <input checked="" type="checkbox"/> Normal<br/> <input type="checkbox"/> Aerobatic<br/> <input type="checkbox"/> Balloon<br/> <input type="checkbox"/> Commuter<br/> <input type="checkbox"/> Transport<br/> <input type="checkbox"/> Utility                         </td> <td style="width: 50%; vertical-align: top;"> <b>Special</b><br/> <input type="checkbox"/> Restricted<br/> <input type="checkbox"/> Limited<br/> <input type="checkbox"/> Provisional<br/> <input type="checkbox"/> Special Flight<br/> <input type="checkbox"/> Experimental<br/> <input type="checkbox"/> Special Light-Sport<br/> <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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           | <b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Aerobatic<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Commuter<br><input type="checkbox"/> Transport<br><input type="checkbox"/> Utility                                                                                                                                              | <b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Light-Sport<br><input type="checkbox"/> Experimental Light-Sport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Landing Gear</b><br><small>(Check all that apply)</small><br><input type="checkbox"/> Retractable<br><input type="checkbox"/> Tricycle<br><input type="checkbox"/> Amphibian<br><input type="checkbox"/> Emergency Float<br><input type="checkbox"/> Float<br><input type="checkbox"/> Hull<br><input type="checkbox"/> Other Launch/Recovery System<br><input type="checkbox"/> None |                                   | <b>Engine Type (Select one)</b><br><input checked="" type="radio"/> Reciprocating<br><input type="radio"/> Turbo Shaft<br><input type="radio"/> Turbo Prop<br><input type="radio"/> Turbo Jet<br><input type="radio"/> Turbo Fan<br><input type="radio"/> Electric<br><input type="radio"/> Liquid Rocket<br><input type="radio"/> Solid Rocket<br><input type="radio"/> Hybrid Rocket<br><input type="radio"/> None<br><input type="radio"/> Unknown<br><b>Fuel System Type (Reciprocating)</b><br><input checked="" type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Aerobatic<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Commuter<br><input type="checkbox"/> Transport<br><input type="checkbox"/> Utility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Light-Sport<br><input type="checkbox"/> Experimental Light-Sport |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Serial</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg.<br/><small>mm/dd/yyyy</small></th> <th>Rated Power<br/><input checked="" type="radio"/> Horsepower or<br/><input type="radio"/> lbs of Thrust</th> <th>Total Time<br/>(hours)</th> <th>Time Since<br/>Inspection<br/>(hours)</th> <th>Time Since<br/>Overhaul<br/>(hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>CONTINENTAL</u></td> <td><u>C-145-2</u></td> <td><u>4352-9-2</u></td> <td><u>1947</u></td> <td><u>145</u></td> <td><u>1943</u></td> <td><u>1943</u></td> <td><u>1943</u></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                            | Engine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Engine Manufacturer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Engine Model/Serial                       | Manufacturer's Serial Number                                                                                                                                                                                                                                                                                                                                                                        | Date of Mfg.<br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust                                                                                                                                                                                                                                                                                     | Total Time<br>(hours)             | Time Since<br>Inspection<br>(hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Time Since<br>Overhaul<br>(hours) | Eng. 1 | <u>CONTINENTAL</u> | <u>C-145-2</u> | <u>4352-9-2</u> | <u>1947</u> | <u>145</u> | <u>1943</u> | <u>1943</u> | <u>1943</u> | Eng. 2 |  |  |  |  |  |  |  |  | Eng. 3 |  |  |  |  |  |  |  |  | Eng. 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Engine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Engine Manufacturer                                                                                                                                                                                                                                                                                                        | Engine Model/Serial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Manufacturer's Serial Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date of Mfg.<br><small>mm/dd/yyyy</small> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust                                                                                                                                                                                                                                                                                                | Total Time<br>(hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Time Since<br>Inspection<br>(hours)                                                                                                                                                                                                                                                                                                                                                      | Time Since<br>Overhaul<br>(hours) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eng. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>CONTINENTAL</u>                                                                                                                                                                                                                                                                                                         | <u>C-145-2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>4352-9-2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>1947</u>                               | <u>145</u>                                                                                                                                                                                                                                                                                                                                                                                          | <u>1943</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>1943</u>                                                                                                                                                                                                                                                                                                                                                                              | <u>1943</u>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eng. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eng. 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eng. 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Last Inspection Type</b><br><input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness<br><input type="radio"/> AAIIP <input type="radio"/> Conditional Inspection<br><input checked="" type="radio"/> Annual <input type="radio"/> Unknown<br>Date Last Inspection: <u>10/05/2017</u><br><small>mm/dd/yyyy</small><br>Airframe Total Time: <u>5338</u> hrs<br>hours measured at (Select one)<br><input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Propeller 1</b><br><input checked="" type="radio"/> Fixed Pitch<br><input type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: <u>MCLAULEY</u><br>Model: <u>1A170DM7651</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Propeller 2</b><br><input type="radio"/> Fixed Pitch<br><input type="radio"/> Controllable Pitch<br><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>If Yes:<br>ELT Manufacturer: <u>AMERIKING</u><br>Model or Part No.: <u>AK-450</u><br>TSO No.: <input checked="" type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz)<br><input type="radio"/> C126 (406 MHz)<br>Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No<br>Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No<br>Did ELT Activate? <input checked="" type="radio"/> Yes <input type="radio"/> No<br>If activated:<br>Did ELT Aid in Locating Aircraft? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If not activated:<br>Indicate Reason: <input type="checkbox"/> Impact Damage<br><input type="checkbox"/> Fire Damage<br><input type="checkbox"/> Battery Expired/Damaged<br><input type="checkbox"/> Unknown |                                           |                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Additional Equipment (Check all that apply)</b><br><input type="checkbox"/> ADS-B<br><input type="checkbox"/> Airframe Parachute<br><input type="checkbox"/> Angle of Attack Indicator<br><input type="checkbox"/> Autopilot<br><input type="checkbox"/> Data Recorder<br><input type="checkbox"/> Electronic Flight Bag or Handheld Device<br><input type="checkbox"/> Electronic Multifunction Display<br><input type="checkbox"/> Electronic Primary Flight Display<br><input type="checkbox"/> Handheld GPS<br><input type="checkbox"/> Heads Up Display<br><input type="checkbox"/> Onboard Weather<br><input type="checkbox"/> Satellite Tracking Device<br><input type="checkbox"/> Stall Warning System<br><input type="checkbox"/> Video Recording Device<br><input type="checkbox"/> Other, Specify: _____ |                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Description of Fire Extinguishing System</b><br><input type="radio"/> None<br><input type="radio"/> Specify: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |        |                    |                |                 |             |            |             |             |             |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Registered Aircraft Owner<br>Name: <u>JOHN KOHNEN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | City: <u>BOWLING GREEN</u><br>State: <u>KV</u> ZIP: <u>42104</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner<br>Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Same Address as Registered Owner<br>City: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Doing Business As: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State: _____ ZIP: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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<br><input type="checkbox"/> Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft | <b>Regulation Flight Conducted Under</b><br><input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 415<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> FAR 431<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 435<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437<br><input type="checkbox"/> FAR 91 Special Flight<br><input type="checkbox"/> Non-US, Commercial<br><input type="checkbox"/> Non-US, Non-commercial<br><input type="checkbox"/> Public Aircraft (Select one)<br><input type="checkbox"/> Armed Forces<br><input type="checkbox"/> Federal<br><input type="checkbox"/> State<br><input type="checkbox"/> Local<br><input type="checkbox"/> Unknown | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Domestic<br><input type="checkbox"/> Non-Scheduled or Air Taxi <input type="checkbox"/> International<br><input type="checkbox"/> Passenger<br><input type="checkbox"/> Cargo<br><input type="checkbox"/> Mail Contract Only<br><br><b>Purpose of Flight for FAR 91, 103, 133, 137</b><br><i>(Select one)</i><br><input type="checkbox"/> Aerial Application <input type="checkbox"/> Firefighting <input type="checkbox"/> Unknown<br><input type="checkbox"/> Aerial Observation <input type="checkbox"/> Flight Test<br><input type="checkbox"/> Air Drop <input type="checkbox"/> Glider Tow<br><input type="checkbox"/> Air Race/Show <input type="checkbox"/> Instructional<br><input type="checkbox"/> Banner Tow <input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Business <input checked="" type="checkbox"/> Personal<br><input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Positioning<br><input type="checkbox"/> External Load <input type="checkbox"/> Skydiving<br><input type="checkbox"/> Ferry |  |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Airport Name: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Distance From Airport Center: _____ sm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Airport Identifier: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Direction From Airport: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Proximity to Airport: <input checked="" type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Airport Elevation: <u>SEE FAA REPT</u> ft. msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Runway Information</b><br>Runway ID: <u>N/A</u> (L/R/C) Length: <u>1300</u> ft Width: <u>50</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm<br><input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy<br><input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy<br><input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet<br><input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft<br><input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water<br><input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood<br><input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Approach/Departure Segment (Select one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <input type="radio"/> Taxi <input checked="" type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach<br><input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around<br><input type="radio"/> Initial Climb <input type="radio"/> Final <input type="radio"/> Crosswind <input type="radio"/> Aborted Landing (after touchdown)<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice<br><input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS<br><input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual<br><input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Contact<br><input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Circling<br><input type="checkbox"/> RNAV <input type="checkbox"/> Unknown                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go<br><input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go<br><input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing<br><input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing<br><input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

| "FLIGHT CREWMEMBER 1" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |            |        |                                                                                                                                                                                                                                                         |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------|------------------------|----------------------|-------|------------------|--|------------|--------|------------------|--------|-----------|------------|-------|------|-------|-------|------|------|------|---|---|---|------------------------|-------|------|-------|-------|------|------|------|---|---|---|--------------------|---|---|---|---|---|---|---|---|---|---|-----------------|--|--|--|--|---|---|---|--|--|--|--------------|------|------|------|----|------|------|---|---|---|---|--------------|------|------|------|-----|-----|-----|---|---|---|---|---------------|-----|-----|-----|-----|---|---|---|---|---|---|
| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |            |        |                                                                                                                                                                                                                                                         |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| <b>"Flight Crewmember 1" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |            |        |                                                                                                                                                                                                                                                         |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| <b>"Flight Crewmember 1" Identification</b><br>First Name: <u>JOHN B.</u><br>Middle Initial: <u>N</u><br>Last Name: <u>KICHEN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                        | City of Residence: <u>BOWLING GREEN</u><br>State: <u>KY</u> ZIP: <u>42101</u><br>Country: <u>USA</u>                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |            |        |                                                                                                                                                                                                                                                         |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| Age at time of Accident/Incident: <u>40</u> Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                        | Certificate Number: <u>                    </u>                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |            |        |                                                                                                                                                                                                                                                         |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input checked="" type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                           |                        | <b>Restraint Type</b><br>Available: <input type="radio"/> None <input checked="" type="radio"/> Lap only<br><input type="radio"/> 3-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> Unknown |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Used: <input type="radio"/> None <input checked="" type="radio"/> Lap only<br><input type="radio"/> 3-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> Unknown |            |        | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown               |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                        | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input checked="" type="radio"/> Class 1 <input type="checkbox"/> 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>01/05/2020</u> mm/dd/yyyy |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| <b>Medical Certificate Limitations</b><br><u>MUST USE CORRECTIVE LENSES</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |            |        |                                                                                                                                                                                                                                                         |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| <b>Medical Certificate Special Issuance</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |            |        |                                                                                                                                                                                                                                                         |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>09/05/2014</u> mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                        | <b>Flight Review Aircraft</b><br>Make: <u>PIPER</u><br>Model: <u>PA-40</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 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><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |                                                                                                                                                                                                          |            |        |                                                                                                                                                                                                                                                         |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| <b>Type Ratings</b><br><u>NONE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                        | <b>Student Endorsements (Include dates)</b><br>                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |            |        |                                                                                                                                                                                                                                                         |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| <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>652.5</td> <td>11.9</td> <td>522.2</td> <td>120.3</td> <td>31.3</td> <td>61.4</td> <td>85.2</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>652.5</td> <td>11.9</td> <td>522.2</td> <td>120.3</td> <td>31.3</td> <td>61.4</td> <td>85.2</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>21.9</td> <td>11.9</td> <td>11.9</td> <td>10</td> <td>10.6</td> <td>16.8</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 30 Days</td> <td>15.2</td> <td>11.9</td> <td>11.9</td> <td>3.3</td> <td>2.3</td> <td>4.3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 24 Hours</td> <td>7.1</td> <td>3.1</td> <td>3.1</td> <td>0.0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</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 | 652.5 | 11.9 | 522.2 | 120.3 | 31.3 | 61.4 | 85.2 | 0 | 0 | 0 | Pilot in Command (PIC) | 652.5 | 11.9 | 522.2 | 120.3 | 31.3 | 61.4 | 85.2 | 0 | 0 | 0 | Time as Instructor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | This Make/Model |  |  |  |  | 0 | 0 | 0 |  |  |  | Last 90 Days | 21.9 | 11.9 | 11.9 | 10 | 10.6 | 16.8 | 0 | 0 | 0 | 0 | Last 30 Days | 15.2 | 11.9 | 11.9 | 3.3 | 2.3 | 4.3 | 0 | 0 | 0 | 0 | Last 24 Hours | 7.1 | 3.1 | 3.1 | 0.0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Flight Time (Enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                        | Airplane Single Engine | Airplane Multiengine                                                                                                                                                                                                                   | Night                                                                                                                                                                                                                                                          | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          | Rotorcraft | Glider |                                                                                                                                                                                                                                                         |              |                                                             |                        |                      |       | Lighter Than Air |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Simulated                                                                                                                                                                                                |            |        |                                                                                                                                                                                                                                                         |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 652.5        | 11.9                                                                                                                                                                                                                                                                                                                     | 522.2                  | 120.3                                                                                                                                                                                                                                  | 31.3                                                                                                                                                                                                                                                           | 61.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 85.2                                                                                                                                                                                                     | 0          | 0      | 0                                                                                                                                                                                                                                                       |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 652.5        | 11.9                                                                                                                                                                                                                                                                                                                     | 522.2                  | 120.3                                                                                                                                                                                                                                  | 31.3                                                                                                                                                                                                                                                           | 61.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 85.2                                                                                                                                                                                                     | 0          | 0      | 0                                                                                                                                                                                                                                                       |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0            | 0                                                                                                                                                                                                                                                                                                                        | 0                      | 0                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                              | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                                                                                                        | 0          | 0      | 0                                                                                                                                                                                                                                                       |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                                        | 0                                                                                                                                                                                                                                                              | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                                                                                                        |            |        |                                                                                                                                                                                                                                                         |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 21.9         | 11.9                                                                                                                                                                                                                                                                                                                     | 11.9                   | 10                                                                                                                                                                                                                                     | 10.6                                                                                                                                                                                                                                                           | 16.8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                                                                                                                                                                                                        | 0          | 0      | 0                                                                                                                                                                                                                                                       |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 15.2         | 11.9                                                                                                                                                                                                                                                                                                                     | 11.9                   | 3.3                                                                                                                                                                                                                                    | 2.3                                                                                                                                                                                                                                                            | 4.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                                                                                                                                                                                                        | 0          | 0      | 0                                                                                                                                                                                                                                                       |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7.1          | 3.1                                                                                                                                                                                                                                                                                                                      | 3.1                    | 0.0                                                                                                                                                                                                                                    | 0                                                                                                                                                                                                                                                              | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                                                                                                        | 0          | 0      | 0                                                                                                                                                                                                                                                       |              |                                                             |                        |                      |       |                  |  |            |        |                  |        |           |            |       |      |       |       |      |      |      |   |   |   |                        |       |      |       |       |      |      |      |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |      |      |      |    |      |      |   |   |   |   |              |      |      |      |     |     |     |   |   |   |   |               |     |     |     |     |   |   |   |   |   |   |

| "FLIGHT CREWMEMBER 2" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------|----------------------------|-------------------------------------------------------------|--------------------------------------------|-------------------------------------|--------------------------------------|----------------------------------|---------------------------------------|--------------------------------------------|----------------------------------|----------------------------------|--------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|--|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|
| <b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>"Flight Crewmember 2" was pilot flying</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>"Flight Crewmember 2" Identification</b><br>First Name: <u>N/A</u> City of Residence: _____<br>Middle Initial: _____    State: _____    ZIP: _____<br>Last Name: <u>N/A</u> Country: _____<br>Age at time of Accident/Incident: _____    Date of Birth: _____    mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Certificate Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Unknown<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                      |                                      | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Available                                       | Used       | <input type="radio"/> None | <input type="radio"/> None                                  | <input type="radio"/> Lap only             | <input type="radio"/> Lap only      | <input type="radio"/> 3-point        | <input type="radio"/> 3-point    | <input type="radio"/> 4-point         | <input type="radio"/> 4-point              | <input type="radio"/> 5-point    | <input type="radio"/> 5-point    | <input type="radio"/> Unknown  | <input type="radio"/> Unknown            | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Used                                       |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="radio"/> None                 |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="radio"/> Lap only             |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> 3-point              |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> 4-point              |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> 5-point              |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> Unknown              |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Flight Instructor</td> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            | <input type="checkbox"/> None                               | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial | <input type="checkbox"/> US Military | <input type="checkbox"/> Private | <input type="checkbox"/> Recreational | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign | <input type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> US Military |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Private                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Recreational      | <input type="checkbox"/> Airline Transport                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Foreign     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Sport             | <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown                                                                         |                                      | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Limitations</b><br><u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Special Issuance</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                                                                                                                                                                          |                                      | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Airplane Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | <b>Other Aircraft Rating(s) (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 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 type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Type Ratings</b><br><u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                                                                                                                                                                                          |                                      | <b>Student Endorsements (Include dates)</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            | Flight Time (Enter appropriate number of hours in each box) | All Aircraft                               | This Make & Model                   | Airplane Single Engine               | Airplane Multiengine             | Night                                 | Instrument                                 |                                  | Rotorcraft                       | Glider                         | Lighter Than Air                         | Actual                                                                                                                                                                                                                         | Simulated | Total Time |  |  |  |  |  |  |  |  |  |  | Pilot in Command (PIC) |  |  |  |  |  |  |  |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days |  |  |  |  |  |  |  |  |  |  | Last 30 Days |  |  |  |  |  |  |  |  |  |  | Last 24 Hours |  |  |  |  |  |  |  |  |  |  |
| Flight Time (Enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | All Aircraft                               | This Make & Model                                                                                                                                                                                                                                                                                                        | Airplane Single Engine               | Airplane Multiengine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Night | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 | Rotorcraft | Glider                     |                                                             |                                            |                                     |                                      |                                  |                                       | Lighter Than Air                           |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Simulated                                       |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |            |                            |                                                             |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                                                                                                                                                                                                                                |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |

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

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>ASPC</u><br>City: <u>Aspen, CO</u><br>State: <u>CO</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Time of Departure</b><br>Time: <u>1400</u><br>Time Zone: <u>CENTRAL</u>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Destination</b><br>Airport ID: <u>3MS</u><br>City: <u>Montgomery, AL</u><br>State: <u>AL</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 type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input checked="" type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input 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 (Check all that apply)</b><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                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> On-Board Weather                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Weather Observation Facility</b><br>Facility ID: <u>KFYV</u><br>Observation Time: <u>1400</u><br>Time Zone: <u>CENTRAL</u><br>Distance from Accident Site: <u>12</u> nm<br>Direction from Accident Site: <u>EAST</u> degrees true                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input type="radio"/> IMC <input type="radio"/> Bright Night<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Light Condition</b><br><input checked="" type="radio"/> Day <input type="radio"/> Dusk <input type="radio"/> Night                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Sky/Lowest Cloud Condition</b><br><input type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Obscured<br><input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Indefinite<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input checked="" type="radio"/> Scattered                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Temperature:</b> _____ (C) or <u>82</u> (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>30.02</u> in. Hg<br>or _____ MB                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Lowest Cloud Condition Height</b><br><u>3500</u> ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Broken <input type="radio"/> Overcast<br><b>Ceiling Height</b><br>_____ ft agl                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Variable<br>Direction: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Wind Speed</b><br><input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>Speed: _____ kts                                                                                                                                                                                                                                                                            | <b>Visibility</b> <u>&gt;10</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Type of Precipitation (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals |                                                                                                                                                                                                                                                                                                                                                                     | <b>Restriction to Visibility (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Smoke<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Unknown<br><input type="checkbox"/> Dust |
| <b>Icing Forecast</b><br>Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown<br>Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Icing Actual</b><br>Amount <input checked="" type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown<br>Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                     | <b>Turbulence</b><br>Type (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence<br>Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme                                                                                                                                     |
| <b>NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Aircraft Damage</b><br><input type="radio"/> None <input checked="" type="radio"/> Substantial<br><input type="radio"/> Minor <input type="radio"/> Destroyed<br><input type="radio"/> <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Aircraft Fire</b><br><input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown | <b>Aircraft Explosion</b><br><input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown |
| <b>Description of Damage to Aircraft and Other Property</b> <i>(Use additional sheet if necessary)</i><br><div style="font-family: cursive; font-size: 1.2em;">             SUBSTANTIAL DAMAGE TO FUSELAGE, WINGS, &amp; ENGINE. NO PROPERTY DAMAGE           </div>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |
| <b>NARRATIVE HISTORY OF FLIGHT</b> <i>(Please type or print in ink)</i><br><div style="font-size: 0.8em;">             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.           </div> <div style="font-family: cursive; font-size: 1.1em; margin-top: 10px;">             SEE STATEMENT GIVEN TO FAA. THE STATEMENT WAS GIVEN TO THE BEST OF MY RECOLLECTION.           </div> |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |

|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|-------------------------------------------|----------------------|
| <b>RECOMMENDATION</b> (How could this accident/incident have been prevented?)                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| Operator/Owner Safety Recommendation<br><i>COULD HAVE <del>AND</del> MADE THE CHOICE TO OPERATE AT A LOCATION WITH A GREATER MARGIN FOR ERROR IF A PROBLEM OCCURRED.</i>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| <b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| Was there Mechanical Malfunction/Failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><small>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</small><br><i>FRA INVESTIGATION REVEALED THAT ONE OF THE MAGS FAILED.</i><br><br><div style="text-align: right;"><i>SEE FRA REPORT.</i></div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Total Time/Cycles On Part</td> </tr> <tr> <td style="padding: 2px;"><i>UNKNOWN</i> Hours</td> </tr> <tr> <td style="padding: 2px;"><i>UNKNOWN</i> Cycles</td> </tr> <tr> <td style="padding: 2px;">Time Since This Part Inspected/Overhauled</td> </tr> <tr> <td style="padding: 2px;"><i>UNKNOWN</i> Hours</td> </tr> </table>                                                                              | Total Time/Cycles On Part                                                                                                                                                                                                                                                                                                                                   | <i>UNKNOWN</i> Hours | <i>UNKNOWN</i> Cycles | Time Since This Part Inspected/Overhauled | <i>UNKNOWN</i> Hours |
| Total Time/Cycles On Part                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| <i>UNKNOWN</i> Hours                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| <i>UNKNOWN</i> Cycles                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| Time Since This Part Inspected/Overhauled                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| <i>UNKNOWN</i> Hours                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| <b>FUEL &amp; SERVICES INFORMATION</b>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| Fuel on Board at Last Takeoff<br><small>(Convert from pounds, as necessary)</small><br><i>30</i> Gallons                                                                                                                                                                                                                                                                 | <table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>Fuel Type</b><br/> <input type="radio"/> 80/87    <input type="radio"/> 115/145    <input type="radio"/> Jet B    <input type="radio"/> Other, specify _____<br/> <input checked="" type="radio"/> 100 Low Lead    <input type="radio"/> Jet A    <input type="radio"/> JP8<br/> <input type="radio"/> 100/130    <input type="radio"/> Jet A-1    <input type="radio"/> Automotive           </td> <td style="width: 50%;"></td> </tr> </table> | <b>Fuel Type</b><br><input type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____<br><input checked="" type="radio"/> 100 Low Lead <input type="radio"/> Jet A <input type="radio"/> JP8<br><input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> Automotive |                      |                       |                                           |                      |
| <b>Fuel Type</b><br><input type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____<br><input checked="" type="radio"/> 100 Low Lead <input type="radio"/> Jet A <input type="radio"/> JP8<br><input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> Automotive              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| Other Services, if Any, Prior to Departure                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| <b>EVACUATION OF AIRCRAFT</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| Method of Exit - Describe how the occupants exited and how many occupants evacuated each location<br><i>SELF EVAC. TO SAFE LOCATION</i>                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| <b>OTHER AIRCRAFT - COLLISION</b> (If air or ground collision occurred, complete this section for other aircraft)                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |
| Aircraft Registration Number<br><i>NONE</i>                                                                                                                                                                                                                                                                                                                              | Manufacturer: _____<br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Damage to Other Aircraft<br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None                                                                                                                                                                                         |                      |                       |                                           |                      |
| Registered Owner of Other Aircraft<br>Name: <i>NONE</i><br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                      | Pilot of Other Aircraft<br>Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                           |                      |

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

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

N/A

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

|                                                |                                                                                                                                                                |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of this Report<br>09/10/2020<br>mhdld/yyy | Name of Pilot/Operator: <u>JOHN ALKOWEN</u><br>Signature: <u>[REDACTED]</u><br>- or - <input type="checkbox"/> Check here to electronically sign this document |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

If a Person Other than Pilot/Operator is Filing Report

|                                                                                                     |              |
|-----------------------------------------------------------------------------------------------------|--------------|
| Name: <u>N/A</u>                                                                                    | Title: _____ |
| Signature: _____<br>- or - <input type="checkbox"/> Check here to electronically sign this document |              |

**FOR NTSB USE ONLY**

|                                                 |                                                        |                                           |                                           |
|-------------------------------------------------|--------------------------------------------------------|-------------------------------------------|-------------------------------------------|
| NTSB Accident/Incident No.<br><u>ERA20LA288</u> | Reviewed by NTSB Regional Office<br><u>ASHBURN, VA</u> | Name of Investigator<br><u>T. GUNTHER</u> | Date Report Received<br><u>09/12/2020</u> |
|-------------------------------------------------|--------------------------------------------------------|-------------------------------------------|-------------------------------------------|