

# NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

**This form to be used for reporting civil and public use aircraft accidents and incidents**

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Sarasota State: Florida  
 ZIP: 34243 Country: United States  
 Latitude: \_\_\_\_\_ (dd:mm:ss N/S) Longitude: \_\_\_\_\_ (ddd:mm:ss E/W)

### Date/Time

Date: 02/20/2022 Local Time: 14:45  
 mm/dd/yyyy Time Zone: EST

### Phase of Operation

☐ Standing ☒ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover  
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other  
☐ Descent ☐ Landing ☐ Approach ☐ Unknown

### Collision with Other Aircraft

☐ Midair  
☐ On-ground  
☒ None

### Altitude of In-Flight Occurrence

\_\_\_\_\_ ft MSL

## AIRCRAFT INFORMATION

Manufacturer: Silverlight Aviation / Paul D Spangenberg builder

Max Gross Weight: 1,232 lbs

Model: AR-1KC

Weight at Time of Accident/Incident: 925 lbs

Serial Number: 0038

Location of Center of Gravity at Time of Accident/Incident:

Registration Number: N65PC Amateur-built: ☒ Yes ☐ No

\_\_\_\_\_ inches from ☐ nose or ☐ datum  
 -or- \_\_\_\_\_ Percent Mean Aerodynamic Cord (% MAC)

### Category of Aircraft

☐ Airplane  
☐ Balloon  
☐ Blimp/Dirigible  
☐ Glider  
☒ Gyrocraft  
☐ Helicopter  
☐ Powered lift  
☐ Ultralight  
☐ Unknown

### Type of Airworthiness Certificate (Check all that apply)

**Standard** **Special**  
☐ Normal ☐ Restricted  
☐ Utility ☐ Limited  
☐ Acrobatic ☐ Provisional  
☐ Transport ☒ Experimental  
☐ Special Flight  
☐ Light Sport

Number of Seats: 2

If Large Aircraft, how many seats for:

Flight Crew: \_\_\_\_\_

Cabin Crew: \_\_\_\_\_

Passengers: \_\_\_\_\_

Landing Gear ☐ Retractable

Check any additional landing gear configuration that applies:

☒ Tricycle ☐ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Unknown

### Type of Maintenance Program

☐ Annual  
☒ Conditional (Amateur-built only)  
☐ Manufacturer's Inspection Program  
☐ Other Approved Inspection Program (AAIP)  
☐ Continuous Airworthiness  
☐ Other, specify: \_\_\_\_\_

### Last Inspection Type

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

Date Last Inspection: 06/09/2021  
 mm/dd/yyyy

Airframe Total Time: 192 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

### IFR Equipped

☐ Yes ☒ No ☐ Unknown

### Stall Warning System Installed

☐ Yes ☒ No ☐ Unknown

### Type of Fire Extinguishing System

☒ None  
☐ Specify \_\_\_\_\_

### ELT Installed

☐ Yes ☒ No

### ELT Activated

☐ Yes ☒ No

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

Model/Series: \_\_\_\_\_

### ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: \_\_\_\_\_

Battery Type: \_\_\_\_\_ Battery Exp. Date: \_\_\_\_\_

### Engine Type

☒ Reciprocating ☐ Turbo Jet  
☐ Turbo Shaft ☐ Turbo Fan  
☐ Turbo Prop ☐ Unknown

### Reciprocating Fuel System Type

☒ Carburetor  
☐ Fuel Injected

### Propeller

☒ Fixed Pitch  
☐ Controllable Pitch

Manufacturer: KIEVPROP

Model: 183

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Engine Rated Power Measured as (check one)<br><input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust | Total Time (hours) | Time Since Inspection (hours) | Time Since Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-----------------------------|
| Eng. 1 | Rotax               | 914UL               | 9577017                      |                            | 115                                                                                                                                    | 192                | 48                            |                             |
| Eng. 2 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |
| Eng. 3 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |
| Eng. 4 |                     |                     |                              |                            |                                                                                                                                        |                    |                               |                             |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Registered Aircraft Owner</b><br>Name: <u>Baby Bird Aviation LLC</u><br><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     | <b>Owner Address</b><br>City: <u>Sarasota</u><br>State: <u>Florida</u> ZIP: <u>34240</u><br>Country: <u>United States</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |
| <b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner<br><br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     | <b>Operator Address</b> <input type="checkbox"/> Same As Registered Owner<br><br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                              |
| <b>Regulation Flight Conducted Under</b><br><input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type)<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces |                                                                                                                                                                                                                                                                                                     | <b>Revenue Sightseeing Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>Air Medical Flight</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                              |
| <b>Purpose of Flight</b><br>for FAR 91, 103, 133, 137 (Select one)<br><br><input checked="" type="checkbox"/> Personal<br><input type="checkbox"/> Business<br><input type="checkbox"/> Executive/Corporate<br><input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Instructional<br><input type="checkbox"/> Ferry<br><input type="checkbox"/> Positioning<br><input type="checkbox"/> Aerial Application<br><input type="checkbox"/> Aerial Observation<br><input type="checkbox"/> Air Drop<br><input type="checkbox"/> Air Race / Show<br><input type="checkbox"/> Flight Test<br><input type="checkbox"/> Public Use<br><input type="checkbox"/> Unknown                              | <b>Revenue Operation</b><br>for FAR 121, 125, 129, 135 (Select one)<br><br><input type="checkbox"/> Scheduled or Commuter<br><input type="checkbox"/> Non-Scheduled or Air Taxi<br><br><b>Domestic or International</b><br><input type="checkbox"/> Domestic <input type="checkbox"/> International | <b>Type of Commercial Operating Certificate Held</b><br>(Select all that apply)<br><br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (129)<br><input type="checkbox"/> Commuter Air Carrier (135)<br><input type="checkbox"/> On-Demand Air Taxi (135)<br><input type="checkbox"/> Large Helicopter (127)<br><br><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<br><br><input type="checkbox"/> Other Operator of Large Aircraft |                                                                                                                                                                                                                                              |
| OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |
| <b>Aircraft Registration Number</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Manufacturer:</b> _____<br><b>Model:</b> _____                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None                                                                   |
| <b>Registered Owner of Other Aircraft</b><br><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |
| <b>Pilot of Other Aircraft</b><br><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |
| <b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)<br><br><div style="height: 100px; border: 1px solid black;"></div>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Total Time/Cycles On Part</b><br><br>_____ Hours<br>_____ Cycles<br><br><b>Time Since This Part Inspected/Overhauled</b><br><br>_____ Hours                                                                                               |
| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |
| <b>Aircraft Damage</b><br><input type="checkbox"/> None <input type="checkbox"/> Substantial<br><input checked="" type="checkbox"/> Minor <input type="checkbox"/> Destroyed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Aircraft Fire</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Aircraft Explosion</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight<br><input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin<br><input type="checkbox"/> On-Ground |

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

Front wheel came off. Rotors were damaged. Rudder was damaged. There is some body fiberglass damage. Control grip came apart.

**AIRPORT INFORMATION** (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: KSRQ

Distance From Airport Center: \_\_\_\_\_ SM

Airport Name: Sarasota/ Bradenton International

Direction From Airport: \_\_\_\_\_ degrees MAG

Proximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 30 ft. MSL**Approach Segment** (Select one)☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around  
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)**IFR Approach** (Check all that apply)☒ None ☐ PAR ☐ MLS ☐ Practice  
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS  
☐ SDF ☐ ILS ☐ ASR ☐ Loran  
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown  
☐ VOR/DME ☐ LOC-back course ☐ Contact  
☐ TACAN ☐ RNAV ☐ Circling**VFR Approach** (Check all that apply)☒ None ☐ Stop and Go  
☐ Traffic Pattern ☐ Touch and Go  
☐ Straight-In ☐ Simulated Forced Landing  
☐ Valley/Terrain Following ☐ Forced Landing  
☐ Go Around ☐ Precautionary Landing  
☐ Full Stop ☐ Unknown**Runway Information**Runway ID: 04 (L/R/C) Length: 5,006 ft Width: 150 ft**Runway/Landing Surface** (Check all that apply)☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water  
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown  
☐ Dirt ☐ Ice ☐ Snow**Condition of Runway/Landing Surface** (Check all that apply)☒ Dry ☐ Snow-Compacted ☐ Water-Calm  
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy  
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy  
☐ Rough ☐ Snow-Wet ☐ Wet  
☐ Rubber Deposits ☐ Soft ☐ Unknown  
☐ Slush Covered ☐ Vegetation**FLIGHT ITINERARY INFORMATION****Last Departure Point**Airport ID: KSRQCity: SarasotaState: FloridaCountry: United States**Time of Departure**Time: 14:45Time Zone: EST**Destination**Airport ID: KSRQCity: SarasotaState: FloridaCountry: United States**Type Flight Plan Filed**☒ None ☐ VFR/IFR  
☐ Company VFR ☐ IFR  
☐ Military VFR ☐ Unknown  
☐ VFRActivated? ☐ Yes ☐ No**Type of ATC Clearance/Service** (Check all that apply)☐ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise  
☒ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA**Airspace where the accident/incident occurred** (Check all that apply)☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special  
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area  
☒ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown  
☐ Class D ☐ Warning Area ☐ Airport Advisory Area**Aircraft Load Description** (Check all that apply)☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock  
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown  
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

17 Gallons**Fuel Type**☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify \_\_\_\_\_  
☐ 100 Low Lead ☐ Jet A ☐ JP4  
☐ 100/130 ☒ Automotive ☐ JP5**Other Services, if Any, Prior to Departure**

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

|                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Weather Observation Facility</b><br>Facility ID: <u>KSRQ</u><br>Observation Time: <u>14:15</u><br>Time Zone: <u>EST</u><br>Distance from Accident Site: <u>0</u> NM<br>Direction from Accident Site: _____ degrees MAG                                                                                                  |                                                                                                                                      | <b>Source of Weather Information</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input checked="" type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input checked="" type="checkbox"/> Internet<br><input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Method of Briefing</b><br>(Check all that apply)<br><input type="checkbox"/> In Person<br><input type="checkbox"/> Teletype<br><input type="checkbox"/> Telephone/Computer<br><input type="checkbox"/> Aircraft Radio<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                               |
| <b>Briefing Type/Completeness</b><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial / Limited By Pilot<br><input type="checkbox"/> Partial / Limited By Briefer<br><input type="checkbox"/> Abbreviated<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Not Pertinent                   |                                                                                                                                      | <b>Light Condition</b><br><input type="checkbox"/> Dawn<br><input checked="" type="checkbox"/> Day<br><input type="checkbox"/> Dusk<br><input type="checkbox"/> Night<br><input type="checkbox"/> Dark Night<br><input type="checkbox"/> Bright Night<br><input type="checkbox"/> Not Reported                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Visibility</b><br><u>6</u> miles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Sky/Lowest Cloud Condition</b><br><input type="checkbox"/> Clear<br><input checked="" type="checkbox"/> Few<br><input type="checkbox"/> Partial Obscuration<br><input type="checkbox"/> Scattered<br><input type="checkbox"/> Thin Broken<br><input type="checkbox"/> Thin Overcast<br><input type="checkbox"/> Unknown |                                                                                                                                      | <b>Ceiling</b><br><input checked="" type="checkbox"/> None (clear)<br><input type="checkbox"/> Broken<br><input type="checkbox"/> Overcast<br><input type="checkbox"/> Obscured<br><input type="checkbox"/> Indefinite<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Unknown                                                                                                     |
| <b>Lowest Cloud Condition Height</b><br>_____ ft AGL                                                                                                                                                                                                                                                                       |                                                                                                                                      | <b>Ceiling Height</b><br>_____ ft AGL                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Indicated:<br>_____ 90 degrees MAG<br><input type="checkbox"/> Variable                                                                                                                                                                                       | <b>Wind Speed</b><br>Velocity: <u>10</u> KTS<br>-or-<br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable | <b>Wind Gusts</b><br>Velocity: _____ KTS<br><input type="checkbox"/> Gusting<br><input type="checkbox"/> Not Gusting                                                                                                                                                                                                                                                                                                                                                                                       | <b>Type of Turbulence</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Clear Air<br><input type="checkbox"/> In Clouds<br><input type="checkbox"/> Vicinity of Thunderstorm<br><b>Severity of Turbulence</b><br><input type="checkbox"/> Extreme<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Moderate Chop<br><input type="checkbox"/> Light |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident</b><br>A few airport, obstacle and FDC were in place that did not affect my flight.                                                                                                                                      |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Temperature:</b> _____ (C)<br>or _____ (F)<br><b>Altimeter Setting:</b> _____ in. HG<br>or _____ MB<br><b>Density Altitude:</b> _____ ft<br><b>Dew Point:</b> _____ (C)<br>or _____ (F)                                                                                                                                 |                                                                                                                                      | <b>Icing Forecast</b><br><b>Amount</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Trace<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Hail<br><input type="checkbox"/> Rain Showers<br><input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Drizzle<br><input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Ice Crystals<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle |
|                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      | <b>Icing Actual</b><br><b>Amount</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Trace<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><b>Type</b><br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Intensity of Precipitation</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

## PILOT "A" INFORMATION

### Pilot "A" Responsibilities at the Time of Accident/Incident

☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

### Pilot "A" Identification

First Name: Susan  
Middle Initial: D  
Last Name: Rinehart

City: Sarasota  
State: Florida ZIP: 34236  
Country: United States

Age at time of Accident/Incident: 66 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

### Degree of Injury

☐ None ☐ Fatal  
☒ Minor ☐ Unknown  
☐ Serious

### Seat Occupied

☐ Left ☒ Front ☐ Unknown  
☐ Right ☐ Rear  
☐ Center ☐ Single

### Seat Belt

Used ☒ Yes ☐ No  
Available ☐ Yes ☐ No

### Shoulder Harness

Used ☒ Yes ☐ No  
Available ☐ Yes ☐ No

### Pilot Certificate(s) (Check all that apply)

☐ None ☐ Student ☐ Recreational ☐ Commercial ☐ Flight Engineer ☐ Foreign  
☒ Private ☐ Flight Instructor ☒ Sport ☐ Airline Transport ☐ U.S. Military

### Principal Occupation

☐ Pilot  
☒ Other  
☐ Unknown

### Medical Certificate

☐ None ☒ Class 3  
☐ Class 1 ☐ Driver's License (Sport Pilot only)  
☐ Class 2 ☐ Unknown

### Medical Certificate Validity

☐ Without limitations/waivers  
☒ With limitations/waivers  
☐ Unknown

### Date of Last Medical

07/15/2020  
mm/dd/yyyy

### Medical Certificate Limitations

Must wear corrective lenses. Not valid for any class after 7/31/2022.

### Medical Certificate Waivers

### Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

10/22/2021  
mm/dd/yyyy

### Flight Review Aircraft

Make: Silverlight Aviation / Paul D. Spangenberg  
Model: AR-1KC

### Airplane Rating(s)

(Check all that apply)  
☐ None  
☒ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

### Other Aircraft Rating(s)

(Check all that apply)  
☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☒ Gyroplane  
☐ Helicopter  
☐ Powered Lift

### Instrument Rating(s)

(Check all that apply)  
☐ None  
☒ Airplane  
☐ Helicopter  
☐ Powered Lift

### Instructor Rating(s)

(Check all that apply)  
☐ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multi-Engine  
☐ Gyroplane ☐ Glider  
☐ Powered Lift ☐ Sport

### Type Ratings

### Student Endorsements (Include dates)

| 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                                                  | 496          | 109               | 347                    |                      | 6     | 3          | 74        | 149        |        |                  |
| Pilot in Command (PIC)                                      | 358          | 63                | 197                    |                      | 1     | 1          | 4         | 64         |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 25           | 18                | 6                      |                      |       |            |           | 18         |        |                  |
| Last 30 Days                                                | 7            | 5                 | 2                      |                      |       |            |           | 5          |        |                  |
| Last 24 Hours                                               |              |                   |                        |                      |       |            |           |            |        |                  |

## PILOT "B" INFORMATION

### Pilot "B" Responsibilities at the Time of Accident/Incident

☐ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☐ Other Flight Crew

### Pilot "B" Identification

First Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
 mm/dd/yyyy

#### Degree of Injury

☐ None
 ☐ Fatal  
☐ Minor
 ☐ Unknown  
☐ Serious

#### Seat Occupied

☐ Left
 ☐ Front
 ☐ Unknown  
☐ Right
 ☐ Rear  
☐ Center
 ☐ Single

#### Seat Belt

Used ☐ Yes ☐ No  
 Available ☐ Yes ☐ No

#### Shoulder Harness

Used ☐ Yes ☐ No  
 Available ☐ Yes ☐ No

### Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Student
 ☐ Recreational
 ☐ Commercial
 ☐ Flight Engineer
 ☐ Foreign  
☐ Private
 ☐ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military

#### Principal Occupation

☐ Pilot  
☐ Other  
☐ Unknown

#### Medical Certificate

☐ None
 ☐ Class 3  
☐ Class 1
 ☐ Driver's License (Sport Pilot only)  
☐ Class 2
 ☐ Unknown

#### Medical Certificate Validity

☐ Without limitations/waivers  
☐ With limitations/waivers  
☐ Unknown

#### Date of Last Medical

mm/dd/yyyy

### Medical Certificate Limitations

### Medical Certificate Waivers

### Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:

mm/dd/yyyy

### Flight Review Aircraft

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

#### Airplane Rating(s) (Check all that apply)

☐ None  
☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

#### Other Aircraft Rating(s) (Check all that apply)

☐ None  
☐ Airship  
☐ Free Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

#### Instrument Rating(s) (Check all that apply)

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

#### Instructor Rating(s) (Check all that apply)

☐ None
 ☐ Instrument Airplane  
☐ Airplane Single-Engine
 ☐ Instrument Helicopter  
☐ Airplane Multi-Engine  
☐ Helicopter  
☐ Gyroplane
 ☐ Glider  
☐ Powered Lift
 ☐ Sport

### Type Ratings

### Student Endorsements (Include dates)

| 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                                               |              |                   |                        |                      |       |            |           |            |        |                  |

| <b>ADDITIONAL FLIGHT CREW MEMBERS</b> (Exclusive of cabin attendants, complete the following information)                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                           |  |  |                                                                                                                                                                                                                                                             |      |             |         |              |     |       |                |              |           |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|---------|--------------|-----|-------|----------------|--------------|-----------|---------|
| <b>Pilot Name and Address</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                       |  |  |                                                                           |  |  | <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                              |      |             |         |              |     |       |                |              |           |         |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |  |  |                                                                           |  |  | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |      |             |         |              |     |       |                |              |           |         |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                  |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |  |  |                                                                                                                                                                                                                                                             |      |             |         |              |     |       |                |              |           |         |
| <b>Pilot Name and Address</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                       |  |  |                                                                           |  |  | <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                              |      |             |         |              |     |       |                |              |           |         |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |  |  |                                                                           |  |  | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |      |             |         |              |     |       |                |              |           |         |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                  |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |  |  |                                                                                                                                                                                                                                                             |      |             |         |              |     |       |                |              |           |         |
| <b>Pilot Name and Address</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                       |  |  |                                                                           |  |  | <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                              |      |             |         |              |     |       |                |              |           |         |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Student <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Foreign<br><input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military |  |  |                                                                           |  |  | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown |      |             |         |              |     |       |                |              |           |         |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                  |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs |  |  |                                                                                                                                                                                                                                                             |      |             |         |              |     |       |                |              |           |         |
| <b>PASSENGER(S) / OTHER PERSONNEL</b> (Include flight attendants; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                           |  |  |                                                                                                                                                                                                                                                             |      |             |         |              |     |       |                |              |           |         |
| Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                           |  |  | Seat                                                                                                                                                                                                                                                        | Crew | Non-Revenue | Revenue | Non-Occupant | FAA | Fatal | Serious Injury | Minor Injury | No Injury | Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |  |  | _____                                                                                                                                                                                                                                                       | □    | □           | □       | □            | □   | □     | □              | □            | □         | □       |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |  |  | _____                                                                                                                                                                                                                                                       | □    | □           | □       | □            | □   | □     | □              | □            | □         | □       |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |  |  | _____                                                                                                                                                                                                                                                       | □    | □           | □       | □            | □   | □     | □              | □            | □         | □       |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |  |  | _____                                                                                                                                                                                                                                                       | □    | □           | □       | □            | □   | □     | □              | □            | □         | □       |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |  |  | _____                                                                                                                                                                                                                                                       | □    | □           | □       | □            | □   | □     | □              | □            | □         | □       |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |  |  | _____                                                                                                                                                                                                                                                       | □    | □           | □       | □            | □   | □     | □              | □            | □         | □       |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |  |  | _____                                                                                                                                                                                                                                                       | □    | □           | □       | □            | □   | □     | □              | □            | □         | □       |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                           |  |  | _____                                                                                                                                                                                                                                                       | □    | □           | □       | □            | □   | □     | □              | □            | □         | □       |

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

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State time and point of departure, intended destination, and services obtained. At approximately 14:15 EST I was going to fly my American Ranger Gyroplane for a local personal flight. I obtained the ATIS for the airport, checked the weather on my iPad for the NOAA Aviation Weather and used the GFA tool. I also checked my Garmin Pilot app for weather, NOTAMS, etc. After a full preflight of the gyro I was ready and called the tower. The airport was a bit busy, as it has been for the past few months. I had waited at the airport for things to calm down before flying. I was given taxi to runway 04. Upon reaching 04 I had to wait for a small bit, not unusual. I was then instructed to line up and hold for a small bit on 04, then cleared to take off. As I was pre-rotating and beginning to move forward the tower radioed and asked if I would be able to be up and turned to my heading before the crossing runway. I responded that I did not believe so and they aborted my takeoff. I slowed and stopped the gyro, and quit pre-rotation. They told me to hold where I was. After landing traffic on 14 passed by, I was again cleared to take off. I began the pre-rotation process again, started moving forward and continued with what was a very normal take off procedure. As I was about to feel the front lift off, and was anticipating balancing the front, the gyro began to shudder as well as the control stick. I immediately aborted the take off, pulling the power back. Unfortunately, I had the stick back too far for the conditions at that moment and caused a nose high attitude and the rotor blades to flap and one hit the very top of the tail on two screw heads that held the top of the rudder in place. This was observed after inspecting the gyro. At the same time, the rotors apparently skimmed the ground and the hitting of the tail caused the gyro to turn 90 degrees to the left, and my left hand which was probably on the throttle must have pushed it forward causing me to move off the runway and into the grass. I pulled the power back and came to a stop approximately 20 feet off the runway. I then shut down the gyro. I heard the tower call to see if I was alright, reached down to respond with my radio and found the control grip, with my radio button, was gone. I waved to the tower that I was alright. I got out of the gyro and emergency crews were on the way. I looked out at the runway and saw that my front wheel was out in the middle of the runway, a bit back from where I ended up, along with a few other pieces that go with it. I went out and picked these up to remove them from the runway.

**RECOMMENDATION** (How could this accident/incident have been prevented?)**Operator/Owner Safety Recommendation**

The incident could probably have been prevented if I had aborted the takeoff faster. It was a matter of seconds to realize something was wrong as things started shaking. A usual blade flap is caused when the rotors are going too slow for the forward speed of the gyro. And often the result of a usual blade flap is much worse than what occurred here, with the blades taking out the tail, propeller, etc. Normally when the blades are going the correct rpm, they arc up and do not come into contact with any of the gyro surfaces. Unfortunately I have no way of knowing for sure at what point the front wheel came off. Or if it played a role in this incident.

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

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

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE****Date of this Report**03/06/2022*mm/dd/yyyy***Signature and Name of Pilot/Operator**Signature: Type or Print Name: Susan D Rinehart**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR NTSB USE ONLY****NTSB Accident/Incident No.**

ERA22LA134

**Reviewed by NTSB Regional Office**

ERA

**Name of Investigator**

L. Read

**Date Report Received**

3/6/2022