

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: CALHOUN State: GA

ZIP: \_\_\_\_\_ Country: Goodman

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

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

### Accident/Incident Date/Time

Date: \_\_\_\_\_ Local Time: \_\_\_\_\_

mm/dd/yyyy

Time Zone: \_\_\_\_\_

Collision with Other Aircraft: Midair On-ground None

## AIRCRAFT INFORMATION

Registration Number: N-522EA

Manufacturer: HOME BUILT

Model: AIRCAM

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

Year of Manufacture: \_\_\_\_\_

Amateur-Built: Yes If Yes: Kit/Plans Make: Air Cam  
No Original Design

IFR-Equipped and Certified  
Commercial Space Flight  
Unmanned Aircraft

Maximum Gross Weight: \_\_\_\_\_ lbs

Weight at Time of Accident/Incident: \_\_\_\_\_ lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 1

Number of Engines: 2

### Category of Aircraft

Airplane  
Balloon  
Blimp/Dirigible  
Glider  
Gyroplane  
Helicopter  
Powered Lift  
Rocket  
Ultralight  
Unknown

### Type of Airworthiness Certificate

(Check all that apply)

#### Standard

Normal  
Aerobatic  
Balloon  
Commuter  
Transport  
Utility

#### Special

Restricted  
Limited  
Provisional  
Special Flight  
Experimental  
Special Light-Sport  
Experimental Light-Sport

Certificate of Authorization or Waiver (COA)  
None Unknown

### Landing Gear

(Check all that apply)

#### Retractable

Tricycle

Amphibian  
Emergency Float  
Float  
Hull

Other Launch/Recovery System

None

Tailwheel

High Skid  
Skid  
Ski  
Ski/Wheel

Unknown

### Engine Type (Select one)

Reciprocating Liquid Rocket  
Turbo Shaft Solid Rocket  
Turbo Prop Hybrid Rocket  
Turbo Jet None  
Turbo Fan Unknown  
Electric

### Fuel System Type (Reciprocating)

Carburetor Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Rated Power Horsepower or lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|-----------------------------------------|--------------------|-------------------------------------------------|
| Eng. 1 | <u>ROTAX</u>        | <u>912-ULS 2</u>    | <u>9570852</u>               |                         | <u>100</u>                              | <u>237.2</u>       | <u>24.5</u>                                     |
| Eng. 2 | <u>ROTAX</u>        |                     | <u>9570853</u>               |                         | <u>100</u>                              | <u>237.2</u>       | <u>24.5</u>                                     |
| Eng. 3 |                     |                     |                              |                         |                                         |                    |                                                 |
| Eng. 4 |                     |                     |                              |                         |                                         |                    |                                                 |

### Last Inspection Type

100-Hour  
AAIP  
Annual  
Continuous Airworthiness  
Conditional Inspection  
Unknown

Date Last Inspection: 10/20/2022

mm/dd/yyyy

Airframe Total Time: 237.2 hrs

hours measured at (Select one)

Last Inspection Time of Accident/Incident

### Type of Maintenance Program (Select one)

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

### Description of Fire Extinguishing System

None  
Specify: \_\_\_\_\_

### Propeller 1

Fixed Pitch  
Controllable Pitch  
Ground Adjustable

Manufacturer: 5#15712

Model: WARP DRIVE

ELT Installed: Yes No

If Yes:

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

Model or Part No.: \_\_\_\_\_

TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)  
C126 (406 MHz)

Was ELT still mounted in aircraft? Yes No

Was ELT still connected to antenna? Yes No

Did ELT Activate? Yes No

If activated:

Did ELT Aid in Locating Aircraft: Yes No

If not activated:

Indicate Reason: NOT ENOUGH  
Impact Damage  
Fire Damage  
Battery Expired/Damaged  
Unknown

### Propeller 2

Fixed Pitch  
Controllable Pitch  
Ground Adjustable

Manufacturer: 5#15713

Model: WARP DRIVE

### Additional Equipment (Check all that apply)

ADS-B  
Airframe Parachute  
Angle of Attack Indicator  
Autopilot  
Data Recorder  
Electronic Flight Bag or Handheld Device  
Electronic Multifunction Display  
Electronic Primary Flight Display  
Handheld GPS  
Heads Up Display  
Onboard Weather  
Satellite Tracking Device  
Stall Warning System  
Video Recording Device  
Other, Specify: \_\_\_\_\_

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: DAVID L. MATTINGLYFractional Ownership Aircraft: Yes ☐ No ☒City: MARIETTA  
State: GA. ZIP: 30068  
Country: USA**Operator of Aircraft**

Same As Registered Owner

Name: DAVID MATTINGLY  
Doing Business As: NO BUSINESS

Same Address as Registered Owner

City: SAME  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

**Operating Certificates Held**

(Check all that apply)

None  
Flag Carrier Operating Certificate (FAR 121)  
Supplemental  
Air Cargo  
Foreign Air Carriers (FAR 129)  
Rotorcraft External Load (FAR 133)  
Commuter Air Carrier (FAR 135)  
On-Demand Air Taxi (FAR 135)  
Commercial Air Tour (FAR 136)  
Agricultural Aircraft (FAR 137)  
Pilot School (FAR 141)  
Certificate of Authorization or Waiver (COA)  
Commercial Space Transportation  
Experimental Permit  
Commercial Space Transportation License  
Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

~~FAR 91~~ FAR 129 FAR 415  
FAR 103 FAR 133 FAR 431  
FAR 121 FAR 135 FAR 435  
FAR 125 FAR 137 FAR 437

FAR 91 Special Flight  
Non-US, Commercial  
Non-US, Non-commercial

**Public Aircraft (Select one)**

Armed Forces  
Federal  
State  
Local

Unknown

**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

Scheduled or Commuter Domestic  
Non-Scheduled or Air Taxi International

Passenger  
Cargo  
Mail Contract Only

NONE**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

Aerial Application Firefighting Unknown  
Aerial Observation Flight Test  
Air Drop Glider Tow  
Air Race/Show Instructional  
Banner Tow Other Work Use  
Business Personal  
Executive/Corporate Positioning  
External Load Skydiving  
Ferry

**Revenue Sightseeing Flight**Yes ☐ No ☒**Air Medical Flight**Yes ☐ No ☒**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: DMB David  
Airport Identifier: C26  
Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/ADistance From Airport Center: 2500 feet sm  
Direction From Airport: 090 degrees degrees true  
Airport Elevation: 644 ft. msl**Runway Information**Runway ID: 35 (L/R/C) Length: 6000 ft Width: 100 ft**Runway/Landing Surface (Check all that apply)**

Asphalt Grass/Turf Macadam Water  
Concrete Gravel Metal/Wood  
Dirt Ice Snow Unknown

**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  
Slush-Covered Vegetation Unknown

**Approach/Departure Segment (Select one)**

Taxi VFR Departure On-Instrument Approach Downwind Low Approach  
Takeoff IFR Departure Procedure/Clearance Landing Base Go Around  
Initial Climb Unknown Final Aborted Landing (after touchdown)  
Crosswind Unknown MAR 1000

**IFR Approach (Check all that apply)**

None  
ADF/NDB PAR MLS Practice  
SDF SIDESTEP LDA GPS  
VOR/TVOR ILS ASR  
VOR/DME Localizer Only Visual  
TACAN LOC-back course Contact  
RNAV Circling  
Unknown

**VFR Approach (Check all that apply)**

None  
Traffic Pattern Stop and Go  
Straight-In Touch and Go  
Valley/Terrain Following Simulated Forced Landing  
Go Around Forced Landing  
Full Stop Precautionary Landing  
Unknown

# "FLIGHT CREWMEMBER 1" INFORMATION

## "Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying    ☒ Yes    ☐ No

## "Flight Crewmember 1" Identification

First Name: DAVID

City of Residence: MARIETTA

Middle Initial: L

State: GA    ZIP: 30068

Last Name: MATTINGLY

Country: USA

Age at time of Accident/Incident: 82    Date of Birth: [REDACTED] mm/dd/yyyy

Certificate Number: [REDACTED]

## Degree of Injury

☒ None    ☐ Fatal  
☐ Minor    ☐ Unknown  
☐ Serious

## Seat Occupied

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

## Restraint Type

**Available**  
☐ None    ☐ Used  
☐ Lap only    ☐ Lap only  
☐ 3-point    ☐ 3-point  
☒ 4-point    ☐ 4-point  
☐ 5-point    ☐ 5-point  
☐ Unknown    ☐ Unknown

## Inflatable Restraints

☒ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

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

☐ None    ☐ Flight Instructor    ☒ Commercial    ☐ US Military  
☐ Private    ☐ Recreational    ☒ Airline Transport    ☐ Foreign  
☐ Student    ☐ Sport    ☒ Flight Engineer

## 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    ☐ Unknown  
☒ With limitations/waivers    ☐ N/A  
☐ Special Issuance    ☐ EXPIRES

## Date of Last Medical

6/22  
 mm/dd/yyyy

## Medical Certificate Limitations

MUST WEAR GLASSES

6/30/23

## Medical Certificate Special Issuance

Date of Last Flight Review  
 or Equivalent, Including  
 FAR 121/135 Checks: 5/11/21  
 mm/dd/yyyy

## Flight Review Aircraft

Make: AIR CRUISE  
 Model: 2 SEATER

## 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  
☒ 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  
☐ Airplane Single-Engine  
☐ Airplane Multi-Engine  
☐ Gyroplane  
☐ Powered Lift

☐ Instrument Airplane  
☐ Instrument Helicopter  
☐ Helicopter  
☐ Glider  
☐ Sport

## Type Ratings

B 727, L-1011

## 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                                                  | 34,000       | 308               |                        | 30,000               |       |            |           |            |        | 150              |
| Pilot in Command (PIC)                                      | 20,000       | 308               |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 24.5         | 24.5              |                        | 24.5                 |       |            |           |            |        |                  |
| Last 30 Days                                                | 17.3         | 17.3              |                        | 17.3                 |       |            |           |            |        |                  |
| Last 24 Hours                                               | 0            | 0                 |                        | 0                    |       |            |           |            |        |                  |

## "FLIGHT CREWMEMBER 2" INFORMATION

### "Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying      Yes      No

### "Flight Crewmember 2" Identification

First Name: NA

City of Residence: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

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

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

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

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

Certificate Number: \_\_\_\_\_

| <b>Degree of Injury</b><br>None      Fatal<br>Minor      Unknown<br>Serious                                                                                                                                                                                                                                                                                          | <b>Seat Occupied</b><br>Left      Front      Unknown<br>Right      Rear<br>Center      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>None</td> <td>None</td> </tr> <tr> <td>Lap only</td> <td>Lap only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table> | Available                                          | Used       | None        | None    | Lap only     | Lap only          | 3-point | 3-point | 4-point | 4-point         | 5-point | 5-point | Unknown | Unknown | <b>Inflatable Restraints</b><br>Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------|-------------|---------|--------------|-------------------|---------|---------|---------|-----------------|---------|---------|---------|---------|---------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                            | Used                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| None                                                                                                                                                                                                                                                                                                                                                                 | None                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| Lap only                                                                                                                                                                                                                                                                                                                                                             | Lap only                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| 3-point                                                                                                                                                                                                                                                                                                                                                              | 3-point                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| 4-point                                                                                                                                                                                                                                                                                                                                                              | 4-point                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| 5-point                                                                                                                                                                                                                                                                                                                                                              | 5-point                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| Unknown                                                                                                                                                                                                                                                                                                                                                              | Unknown                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><table style="width: 100%;"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table> |                                                                                                                             | None                                                                                                                                                                                                                                                                                                                                                                                                                                     | Flight Instructor                                  | Commercial | US Military | Private | Recreational | Airline Transport | Foreign | Student | Sport   | Flight Engineer |         |         |         |         |                                                                                                   |
| None                                                                                                                                                                                                                                                                                                                                                                 | Flight Instructor                                                                                                           | Commercial                                                                                                                                                                                                                                                                                                                                                                                                                               | US Military                                        |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| Private                                                                                                                                                                                                                                                                                                                                                              | Recreational                                                                                                                | Airline Transport                                                                                                                                                                                                                                                                                                                                                                                                                        | Foreign                                            |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| Student                                                                                                                                                                                                                                                                                                                                                              | Sport                                                                                                                       | Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |
| <b>Principal Occupation</b><br>Pilot<br>Other<br>Unknown                                                                                                                                                                                                                                                                                                             | <b>Medical Certificate</b><br>None      Class 3<br>Class 1      Driver's License (Sport Pilot only)<br>Class 2      Unknown | <b>Medical Certificate Validity</b><br>Without limitations/waivers      Unknown<br>With limitations/waivers      N/A<br>Special Issuance                                                                                                                                                                                                                                                                                                 | <b>Date of Last Medical</b><br>_____<br>mm/dd/yyyy |            |             |         |              |                   |         |         |         |                 |         |         |         |         |                                                                                                   |

### Medical Certificate Limitations

### Medical Certificate Special Issuance

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_  
mm/dd/yyyy

### Flight Review Aircraft

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

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

|                                                                                                                                               |                                                                                                                                              |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                            |      |                     |                        |                       |                       |            |           |        |              |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|------------------------|-----------------------|-----------------------|------------|-----------|--------|--------------|-------|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br>None<br>Single-Engine Land<br>Single-Engine Sea<br>Multiengine Land<br>Multiengine Sea | <b>Other Aircraft Rating(s)</b><br>(Check all that apply)<br>None<br>Airship<br>Balloon<br>Glider<br>Gyroplane<br>Helicopter<br>Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br>None<br>Airplane<br>Helicopter<br>Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><table style="width: 100%;"> <tr> <td>None</td> <td>Instrument Airplane</td> </tr> <tr> <td>Airplane Single-Engine</td> <td>Instrument Helicopter</td> </tr> <tr> <td>Airplane Multi-Engine</td> <td>Helicopter</td> </tr> <tr> <td>Gyroplane</td> <td>Glider</td> </tr> <tr> <td>Powered Lift</td> <td>Sport</td> </tr> </table> | None | Instrument Airplane | Airplane Single-Engine | Instrument Helicopter | Airplane Multi-Engine | Helicopter | Gyroplane | Glider | Powered Lift | Sport |
| 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                                               |              |                   |                        |                      |       |            |           |            |        |                  |

**ADDITIONAL FLIGHT CREWMEMBERS** (Exclusive of cabin crew, complete the following information)

| Crew Name and Address                                   |                          |                   |                                                                    | Seat Occupied   |          | Injury                |
|---------------------------------------------------------|--------------------------|-------------------|--------------------------------------------------------------------|-----------------|----------|-----------------------|
| First Name: _____                                       | City of Residence: _____ |                   |                                                                    | Left            | Front    | None                  |
| Middle Initial: _____                                   | State: _____             | ZIP: _____        |                                                                    | Center          | Rear     | Minor                 |
| Last Name: _____                                        | Country: _____           |                   |                                                                    | Right           | Single   | Serious               |
|                                                         |                          |                   |                                                                    |                 | Unknown  | Fatal                 |
|                                                         |                          |                   |                                                                    |                 |          | Unknown               |
| Pilot Certificate(s) (Check all that apply)             |                          |                   |                                                                    | Restraint Type: |          | Inflatable Restraints |
| None                                                    | Flight Instructor        | Commercial        | US Military                                                        | Available       | Used     |                       |
| Private                                                 | Recreational             | Airline Transport | Foreign                                                            | None            | None     | Not Installed         |
| Student                                                 | Sport                    | Flight Engineer   |                                                                    | Lap Only        | Lap Only | Installed             |
|                                                         |                          |                   |                                                                    | 3-point         | 3-point  | Not Deployed          |
|                                                         |                          |                   |                                                                    | 4-point         | 4-point  | Deployed              |
|                                                         |                          |                   |                                                                    | 5-point         | 5-point  | Unknown               |
|                                                         |                          |                   |                                                                    | Unknown         | Unknown  |                       |
| Type Rating/Endorsement for Accident/Incident Aircraft? |                          |                   | Total Flight Time at the Time of this Accident/Incident: _____ hrs |                 |          |                       |
| Yes                                                     | No                       |                   |                                                                    |                 |          |                       |

| Crew Name and Address                                   |                          |                   |                                                                    | Seat Occupied   |          | Injury                |
|---------------------------------------------------------|--------------------------|-------------------|--------------------------------------------------------------------|-----------------|----------|-----------------------|
| First Name: _____                                       | City of Residence: _____ |                   |                                                                    | Left            | Front    | None                  |
| Middle Initial: _____                                   | State: _____             | ZIP: _____        |                                                                    | Center          | Rear     | Minor                 |
| Last Name: _____                                        | Country: _____           |                   |                                                                    | Right           | Single   | Serious               |
|                                                         |                          |                   |                                                                    |                 | Unknown  | Fatal                 |
|                                                         |                          |                   |                                                                    |                 |          | Unknown               |
| Pilot Certificate(s) (Check all that apply)             |                          |                   |                                                                    | Restraint Type: |          | Inflatable Restraints |
| None                                                    | Flight Instructor        | Commercial        | US Military                                                        | Available       | Used     |                       |
| Private                                                 | Recreational             | Airline Transport | Foreign                                                            | None            | None     | Not Installed         |
| Student                                                 | Sport                    | Flight Engineer   |                                                                    | Lap Only        | Lap Only | Installed             |
|                                                         |                          |                   |                                                                    | 3-point         | 3-point  | Not Deployed          |
|                                                         |                          |                   |                                                                    | 4-point         | 4-point  | Deployed              |
|                                                         |                          |                   |                                                                    | 5-point         | 5-point  | Unknown               |
|                                                         |                          |                   |                                                                    | Unknown         | Unknown  |                       |
| Type Rating/Endorsement for Accident/Incident Aircraft? |                          |                   | Total Flight Time at the Time of this Accident/Incident: _____ hrs |                 |          |                       |
| Yes                                                     | No                       |                   |                                                                    |                 |          |                       |

**PASSENGER(S) / OTHER PERSONNEL** (Include cabin crew; continue on separate sheet if necessary)

| Name and Address                              | Seat                                             | Injury                                       | Restraint Type                                                            |                                                                      | Inflatable Restraints                                             | Age                                                                    |
|-----------------------------------------------|--------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------|
| First Name: _____ City: _____                 | Left<br>Center<br>Right<br>Unknown<br>Row: _____ | None<br>Minor<br>Serious<br>Fatal<br>Unknown | Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown | Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |
| Middle Initial: _____ State: _____ ZIP: _____ |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
| Last Name: _____ Country: _____               |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
| Crew Passenger Other                          |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
|                                               |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
| First Name: _____ City: _____                 | Left<br>Center<br>Right<br>Unknown<br>Row: _____ | None<br>Minor<br>Serious<br>Fatal<br>Unknown | Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown | Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |
| Middle Initial: _____ State: _____ ZIP: _____ |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
| Last Name: _____ Country: _____               |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
| Crew Passenger Other                          |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
|                                               |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
| First Name: _____ City: _____                 | Left<br>Center<br>Right<br>Unknown<br>Row: _____ | None<br>Minor<br>Serious<br>Fatal<br>Unknown | Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown | Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |
| Middle Initial: _____ State: _____ ZIP: _____ |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
| Last Name: _____ Country: _____               |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
| Crew Passenger Other                          |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
|                                               |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
| First Name: _____ City: _____                 | Left<br>Center<br>Right<br>Unknown<br>Row: _____ | None<br>Minor<br>Serious<br>Fatal<br>Unknown | Available<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown | Used<br>None<br>Lap Only<br>3-point<br>4-point<br>5-point<br>Unknown | Not Installed<br>Installed<br>Not Deployed<br>Deployed<br>Unknown | Under 5 years<br>If Under 5,<br>Child Restraint<br>Lap-Held<br>Unknown |
| Middle Initial: _____ State: _____ ZIP: _____ |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
| Last Name: _____ Country: _____               |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
| Crew Passenger Other                          |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |
|                                               |                                                  |                                              |                                                                           |                                                                      |                                                                   |                                                                        |

# FLIGHT ITINERARY INFORMATION

|                                                                                                                          |                                                                        |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>CZL</u><br>City: <u>CACHOON</u><br>State: <u>GA</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>11AM</u><br>Time Zone: <u>EST</u> | <b>Destination</b><br>Airport ID: <u>CZL</u><br>City: <u>CACHOON</u><br>State: <u>GA</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Company VFR<br><input type="checkbox"/> Military VFR<br><input type="checkbox"/> VFR<br><input type="checkbox"/> VFR/IFR<br><input type="checkbox"/> IFR<br><input type="checkbox"/> Unknown<br>Activated? Yes No Unknown |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>Type of ATC Clearance/Service</b> (Check all that apply)<br><input checked="" type="checkbox"/> None VFR<br><input type="checkbox"/> Special VFR IFR<br><input type="checkbox"/> Special IFR VFR On Top<br><input type="checkbox"/> VFR Flight Following Traffic Advisory<br><input type="checkbox"/> Cruise Unknown / NA                                                                                        |  |  |  |  |
| <b>Airspace where the accident/incident occurred</b> (Check all that apply)<br>Class A<br>Class B<br>Class C<br>Class D<br>Class E<br>Class G<br>Demo Area<br>Warning Area<br>Prohibited Area<br>Restricted Area<br>Military Operations Area (MOA)<br>Airport Advisory Area<br>Jet Training Area<br>TRSA<br>FAR 93<br>Special Air Traffic Control Area<br>Unknown<br>Altitude of In-Flight Occurrence: _____ ft msl |  |  |  |  |

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b> (Check all that apply)<br><input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight 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"/> On-Board Weather<br>Company <u>AWOS</u><br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: <u>N/A</u><br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Basic Conditions</b><br><input checked="" type="checkbox"/> VMC<br><input type="checkbox"/> IMC<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                             | <b>Light Condition</b><br><input checked="" type="checkbox"/> Dawn<br><input 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"/> Unknown           |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="checkbox"/> Clear<br><input 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<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl | <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<br><b>Ceiling Height</b><br>_____ ft agl |
| <b>Temperature:</b> _____ (C) or <u>55</u> (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>30.14</u> in. Hg or _____ MB                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                     |

|                                                                                                                      |                                                                                                                          |                                                                                                                            |                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Variable<br><u>300</u><br>Direction: _____ degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>Speed: <u>S</u> kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br><input type="checkbox"/> _____<br>Speed: _____ kts | <b>Visibility</b> <u>10F</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Intensity of Precipitation</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Heavy<br><input type="checkbox"/> N/A<br><input type="checkbox"/> Unknown | <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"/> 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"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle | <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>Icing Forecast</b><br>Amount: <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><input type="checkbox"/> Unknown<br>Type: <input type="checkbox"/> N/A<br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed<br><input type="checkbox"/> Unknown | <b>Icing Actual</b><br>Amount: <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><input type="checkbox"/> Unknown<br>Type: <input type="checkbox"/> N/A<br><input type="checkbox"/> Rime<br><input type="checkbox"/> Clear<br><input type="checkbox"/> Mixed<br><input type="checkbox"/> Unknown | <b>Turbulence</b><br>Type (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Clear Air<br><input type="checkbox"/> Terrain-Induced<br><input type="checkbox"/> Convective Turbulence<br>Severity: <input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Extreme |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

None

# DAMAGE TO AIRCRAFT AND OTHER PROPERTY

## Aircraft Damage

None  
Minor  
Substantial  
Destroyed  
Unknown

## Aircraft Fire

None  
In-Flight  
On-Ground

Both Ground and In-Flight  
Fire at Unknown Time  
Unknown

## Aircraft Explosion

None  
In-Flight  
On-Ground

Both Ground and In-Flight  
Explosion at Unknown Time  
Unknown

## Description of Damage to Aircraft and Other Property (Use additional sheet if necessary)

Bent landing gear arm, Bent wheel - FIRE METAL  
ON RT. Side of A/C - put hole in Rudder - BROKE  
CANOPY GLASS - TOOK OUT LAST NUMBER OF DISC REMOVED  
SIGN - RUCKLE OVER 1 VASI LIGHT.

## 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 departure time and location, services obtained, and intended destination. Provide as much detail as possible.

WAS THIS TOUCH & GO? I HAD  
LANDED AT END OF RW 35 E2L - WAS ROLLING  
OUT PLANNING ON TURNING RIGHT ON FIRST TAXIWAY  
OFF RUNWAY - WAS LOOKING RIGHT - TOOK MY  
HANDS OFF THROTTLES AND REACHED OVER THEM  
TO TURN OFF ELECTRIC FUEL PUMPS TO BE SURE  
MECHANICAL FUEL PUMPS WOULD ON TAXI TO  
HOUSE - AS I REACHED OVER THROTTLES FOR  
PUMPS MY SLEEVE ON MY SHOULDER TRAPPED THE  
RIGHT THROTTLE SENDING IT FORWARD - IT MADE  
A/C IMMEDIATELY TURN LEFT SINCE I HAD LANDED  
ON LEFT SIDE OF RUNWAY AND I WAS AWARE  
OF NEW ~~AREA~~ RUNNING LIGHTS (ABOUT 20') AIRCRAFT  
CONTACTED MAKER OF ONE OF THE VASI LIGHTS. WHEN  
I IMMEDIATELY TRIED TO PULL BACK RIGHT THROTTLE  
IT WOULD NOT COME FULLY BACK BECAUSE THROTTLE  
WAS UP SLEEVE OF SHOULDER AND TRAPPED BETWEEN  
THROTTLES. FINALLY STOPPED A/C BY TURNING OFF ENGINES,  
OPENED CANOPY, AND EXITED A/C. NO ONE INJURED.

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

Operator/Owner Safety Recommendation

BE CAREFUL WEARING LONG SLEEVE SHIRTS  
SWIMMING IN AIR CDM. Reported to backwood  
they had heard of one other incident like  
this But didn't exit runway.

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

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

Total Time/Cycles  
On Part

\_\_\_\_ Hours  
\_\_\_\_ Cycles

Time Since This Part  
Inspected/Overhauled

\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

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

1300 14940000 Gallons

Fuel Type

80/87  
100 Low Lead  
100/130

115/145  
Jet A  
Jet A-1

Jet B

JPR  
Automotive

Other, specify \_\_\_\_\_

Other Services, if Any, Prior to Departure

None

**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

got out normally

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

Aircraft Registration Number

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

Damage to Other Aircraft

Destroyed \_\_\_\_\_ Minor \_\_\_\_\_  
Substantial \_\_\_\_\_ None \_\_\_\_\_

Registered Owner of Other Aircraft

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

Pilot of Other Aircraft

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

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

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

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

Date of this Report

2/20/23

mm/dd/yyyy

Name of Pilot/Operator

Signature: 

- or -

Check here to electronically sign this document

**If a Person Other than Pilot/Operator is Filing Report**

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

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

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

- or -

Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ERA23LA102

Reviewed by NTSB Regional Office

AS-ERA

Name of Investigator

Christopher Freeze

Date Report Received

9 Feb 2023