

# 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Bunn</u> State: <u>N.C.</u><br>ZIP: <u>27548</u> Country: <u>USA</u><br>Latitude: _____ (dd:mm:ss N/S) Longitude: _____ (ddd:mm:ss E/W)                                                                                                                                                                                                                                                                         |  | <b>Date/Time</b><br>Date: <u>04-15-2023</u> Local Time: <u>1500L</u><br><small>mm/dd/yyyy</small><br>Time Zone: <u>EDT</u>                                |  |
| <b>Phase of Operation</b><br><input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover<br><input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other<br><input type="checkbox"/> Descent <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown |  | <b>Collision with Other Aircraft</b><br><input type="checkbox"/> Midair<br><input checked="" type="checkbox"/> On-ground<br><input type="checkbox"/> None |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Altitude of In-Flight Occurrence</b><br><u>250</u> ft MSL                                                                                              |  |

## AIRCRAFT INFORMATION

|                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Manufacturer:</b> <u>Schweizer</u><br><b>Model:</b> <u>SGS 1-2GE</u><br><b>Serial Number:</b> <u>615</u><br><b>Registration Number:</b> <u>N33873</u> Amateur-built: <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Max Gross Weight:</b> <u>700</u> lbs<br><b>Weight at Time of Accident/Incident:</b> _____ lbs<br><b>Location of Center of Gravity at Time of Accident/Incident:</b><br>_____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum<br>-or- _____ Percent Mean Aerodynamic Cord (% MAC) |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| <b>Category of Aircraft</b><br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input checked="" type="checkbox"/> Glider<br><input type="checkbox"/> Gyrocraft<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><table style="width: 100%;"> <tr> <th>Standard</th> <th>Special</th> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Acrobatic</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Light Sport</td> </tr> </table> | Standard | Special | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted | <input type="checkbox"/> Utility | <input type="checkbox"/> Limited | <input type="checkbox"/> Acrobatic | <input type="checkbox"/> Provisional | <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental |  | <input type="checkbox"/> Special Flight |  | <input type="checkbox"/> Light Sport | <b>Number of Seats:</b> <u>1</u><br>If Large Aircraft, how many seats for:<br>Flight Crew: _____<br>Cabin Crew: _____<br>Passengers: _____ | <b>Landing Gear</b> <input type="checkbox"/> Retractable<br>Check any additional landing gear configuration that applies:<br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> Tricycle</td> <td><input type="checkbox"/> Tailwheel</td> </tr> <tr> <td><input type="checkbox"/> Amphibian</td> <td><input type="checkbox"/> High Skid</td> </tr> <tr> <td><input type="checkbox"/> Emergency Float</td> <td><input type="checkbox"/> Skid</td> </tr> <tr> <td><input type="checkbox"/> Float</td> <td><input type="checkbox"/> Ski</td> </tr> <tr> <td><input type="checkbox"/> Hull</td> <td><input type="checkbox"/> Ski/Wheel</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table> | <input type="checkbox"/> Tricycle | <input type="checkbox"/> Tailwheel | <input type="checkbox"/> Amphibian | <input type="checkbox"/> High Skid | <input type="checkbox"/> Emergency Float | <input type="checkbox"/> Skid | <input type="checkbox"/> Float | <input type="checkbox"/> Ski | <input type="checkbox"/> Hull | <input type="checkbox"/> Ski/Wheel | <input type="checkbox"/> Unknown |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|--------------------------------------------|-------------------------------------|----------------------------------|----------------------------------|------------------------------------|--------------------------------------|------------------------------------|---------------------------------------|--|-----------------------------------------|--|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------------------|-------------------------------|------------------------------------|----------------------------------|--|
| Standard                                                                                                                                                                                                                                                                                                                                                                                        | Special                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |         |                                            |                                     |                                  |                                  |                                    |                                      |                                    |                                       |  |                                         |  |                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                    |                                    |                                          |                               |                                |                              |                               |                                    |                                  |  |
| <input checked="" type="checkbox"/> Normal                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Restricted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                                            |                                     |                                  |                                  |                                    |                                      |                                    |                                       |  |                                         |  |                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                    |                                    |                                          |                               |                                |                              |                               |                                    |                                  |  |
| <input type="checkbox"/> Utility                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |         |                                            |                                     |                                  |                                  |                                    |                                      |                                    |                                       |  |                                         |  |                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                    |                                    |                                          |                               |                                |                              |                               |                                    |                                  |  |
| <input type="checkbox"/> Acrobatic                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Provisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |         |                                            |                                     |                                  |                                  |                                    |                                      |                                    |                                       |  |                                         |  |                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                    |                                    |                                          |                               |                                |                              |                               |                                    |                                  |  |
| <input type="checkbox"/> Transport                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Experimental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |         |                                            |                                     |                                  |                                  |                                    |                                      |                                    |                                       |  |                                         |  |                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                    |                                    |                                          |                               |                                |                              |                               |                                    |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Special Flight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |         |                                            |                                     |                                  |                                  |                                    |                                      |                                    |                                       |  |                                         |  |                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                    |                                    |                                          |                               |                                |                              |                               |                                    |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Light Sport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |         |                                            |                                     |                                  |                                  |                                    |                                      |                                    |                                       |  |                                         |  |                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                    |                                    |                                          |                               |                                |                              |                               |                                    |                                  |  |
| <input type="checkbox"/> Tricycle                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Tailwheel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |         |                                            |                                     |                                  |                                  |                                    |                                      |                                    |                                       |  |                                         |  |                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                    |                                    |                                          |                               |                                |                              |                               |                                    |                                  |  |
| <input type="checkbox"/> Amphibian                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> High Skid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |         |                                            |                                     |                                  |                                  |                                    |                                      |                                    |                                       |  |                                         |  |                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                    |                                    |                                          |                               |                                |                              |                               |                                    |                                  |  |
| <input type="checkbox"/> Emergency Float                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Skid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |         |                                            |                                     |                                  |                                  |                                    |                                      |                                    |                                       |  |                                         |  |                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                    |                                    |                                          |                               |                                |                              |                               |                                    |                                  |  |
| <input type="checkbox"/> Float                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Ski                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |         |                                            |                                     |                                  |                                  |                                    |                                      |                                    |                                       |  |                                         |  |                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                    |                                    |                                          |                               |                                |                              |                               |                                    |                                  |  |
| <input type="checkbox"/> Hull                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Ski/Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |         |                                            |                                     |                                  |                                  |                                    |                                      |                                    |                                       |  |                                         |  |                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                    |                                    |                                          |                               |                                |                              |                               |                                    |                                  |  |
| <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |         |                                            |                                     |                                  |                                  |                                    |                                      |                                    |                                       |  |                                         |  |                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                    |                                    |                                          |                               |                                |                              |                               |                                    |                                  |  |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of Maintenance Program</b><br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Conditional (Amateur-built only)<br><input type="checkbox"/> Manufacturer's Inspection Program<br><input type="checkbox"/> Other Approved Inspection Program (AAIP)<br><input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> Other, specify: _____ | <b>Last Inspection Type</b><br><input type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness<br><input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection<br><input checked="" type="checkbox"/> Annual <input type="checkbox"/> Unknown | <b>Date Last Inspection:</b> <u>6-1-2022</u><br><small>mm/dd/yyyy</small><br><b>Airframe Total Time:</b> <u>1425.4</u> hrs<br><small>hours measured at (check one)</small><br><input checked="" type="checkbox"/> Last Inspection <input type="checkbox"/> Time of Accident/Incident |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                             |                                                                                                                                               |                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>IFR Equipped</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Stall Warning System Installed</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | <b>Type of Fire Extinguishing System</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Specify _____ |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                           |                                                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>ELT Installed</b> <b>ELT Activated</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>ELT Manufacturer:</b> _____<br><b>Model/Series:</b> _____<br><b>Serial Number:</b> _____<br><b>Battery Type:</b> _____ <b>Battery Exp. Date:</b> _____ |  |
| <b>ELT Aided in Locating Accident/Incident</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                     |                                                                                                                                                           |  |

|                                                                                                                                                                                                                                                    |                                                                                                                        |                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Engine Type</b><br><input type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown | <b>Reciprocating Fuel System Type</b><br><input type="checkbox"/> Carburetor<br><input type="checkbox"/> Fuel Injected | <b>Propeller</b><br><input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch<br>Manufacturer: _____<br>Model: _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|

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

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Registered Aircraft Owner</b><br>Name: <u>North Carolina Soaring Association</u><br>Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Owner Address</b><br>City: <u>66 Swetts Dr. Zebulon</u><br>State: <u>N.C.</u> ZIP: <u>27597</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                        |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Operator Address</b> <input checked="" type="checkbox"/> Same As Registered Owner<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><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><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><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<br><br><b>Cargo Operation</b><br><input type="checkbox"/> Passenger/Cargo<br><input type="checkbox"/> Passenger _____ How many?<br><input type="checkbox"/> Cargo _____ lbs<br><input type="checkbox"/> Mail |                                                                                                                                        |
| <b>Type of Commercial Operating Certificate Held</b><br>(Check all that apply)<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><input type="checkbox"/> Rotorcraft External Load (133)<br>- or -<br><input type="checkbox"/> Agricultural Aircraft (137)<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><u>N7650V</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Manufacturer:</b> <u>Aero Commander</u><br><b>Model:</b> <u>Callair A-9B</u>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |
| <b>Registered Owner of Other Aircraft</b><br>First Name: <u>North Carolina Soaring Assoc.</u><br>Middle Initial: _____<br>Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | City: <u>Zebulon</u><br>State: <u>N.C.</u> ZIP: <u>27597</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        |
| <b>Pilot of Other Aircraft</b><br>First Name: <u>N/A</u><br>Middle Initial: _____<br>Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |
| <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input checked="" type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |
| <b>Was there Mechanical Malfunction/Failure?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Total Time/Cycles On Part</b><br>_____ Hours<br>_____ Cycles<br><br><b>Time Since This Part Inspected/Overhauled</b><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)

The Callair has damage to the leading edge of the right wing, the windscreen, and the roof over the pilot's seat.

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

Airport Identifier: 7NCS Distance From Airport Center: .1 SM  
 Airport Name: Crooked Creek Airport Direction From Airport: \_\_\_\_\_ degrees MAG  
 Proximity to Airport ☒ Off Airport/Airstrip ☐ On Airport ☐ On Airstrip Airport Elevation: 250' 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 ☐ Sidestep ☐ 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: 22 (L/R/C) Length: 2500' ft Width: 50' 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: 7NCS  
 City: Zebulon  
 State: N.C.  
 Country: USA

**Time of Departure**

Time: 1500  
 Time Zone: EST

**Destination**

Airport ID: 7NCS  
 City: Zebulon  
 State: N.C.  
 Country: USA

**Type Flight Plan Filed**

☒ None ☐ VFR/IFR  
☐ Company VFR ☐ IFR  
☐ Military VFR ☐ Unknown  
☐ VFR  
 Activated? ☐ 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)

N/A 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

ERTTs helped him exit. The pilot had strained his back.

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Weather Observation Facility**Facility ID: KLH2Observation Time: 1400LTime Zone: ESTDistance from Accident Site: 7 NMDirection from Accident Site: NW degrees MAG**Source of Weather Information**

(Check all that apply)

- |                                                             |                                   |
|-------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> National Weather Service           | <input type="checkbox"/> Company  |
| <input type="checkbox"/> Flight Service Station             | <input type="checkbox"/> Military |
| <input type="checkbox"/> TV/Radio                           | <input type="checkbox"/> Internet |
| <input checked="" type="checkbox"/> Automated Report        | <input type="checkbox"/> Unknown  |
| <input type="checkbox"/> Commercial Weather Service (DUATS) |                                   |

**Method of Briefing**

(Check all that apply)

- |                                                        |
|--------------------------------------------------------|
| <input type="checkbox"/> In Person                     |
| <input type="checkbox"/> Teletype                      |
| <input checked="" type="checkbox"/> Telephone/Computer |
| <input type="checkbox"/> Aircraft Radio                |
| <input type="checkbox"/> TV/Radio                      |
| <input type="checkbox"/> Unknown                       |

**Briefing Type/Completeness**

- |                                                       |                                                   |
|-------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Full                         | <input type="checkbox"/> Abbreviated              |
| <input type="checkbox"/> Partial / Limited By Pilot   | <input type="checkbox"/> Unknown                  |
| <input type="checkbox"/> Partial / Limited By Briefer | <input checked="" type="checkbox"/> Not Pertinent |

**Light Condition**

- |                                         |                                |                                       |
|-----------------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Dawn           | <input type="checkbox"/> Dusk  | <input type="checkbox"/> Dark Night   |
| <input checked="" type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Bright Night |
|                                         |                                | <input type="checkbox"/> Not Reported |

**Visibility**10+ miles**Sky/Lowest Cloud Condition**

- |                                              |                                        |
|----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Clear               | <input type="checkbox"/> Thin Broken   |
| <input checked="" type="checkbox"/> Few      | <input type="checkbox"/> Thin Overcast |
| <input type="checkbox"/> Partial Obscuration | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Scattered           |                                        |

**Ceiling**

- |                                                  |                                     |
|--------------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> None (clear) | <input type="checkbox"/> Obscured   |
| <input type="checkbox"/> Broken                  | <input type="checkbox"/> Indefinite |
| <input type="checkbox"/> Overcast                | <input type="checkbox"/> Unknown    |

**Restriction to Visibility (Check all that apply)**

- |                                          |                                     |
|------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog        |
| <input type="checkbox"/> Blowing Dust    | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand    | <input type="checkbox"/> Haze       |
| <input type="checkbox"/> Blowing Snow    | <input type="checkbox"/> Ice Fog    |
| <input type="checkbox"/> Blowing Spray   | <input type="checkbox"/> Smoke      |
| <input type="checkbox"/> Dust            | <input type="checkbox"/> Unknown    |

**Lowest Cloud Condition Height**

ft AGL

**Ceiling Height**

ft AGL

**Wind Direction**☐ Indicated:  
\_\_\_\_\_ degrees MAG☒ Variable**Wind Speed**

Velocity: \_\_\_\_\_ KTS

-or-

- |                                                        |
|--------------------------------------------------------|
| <input type="checkbox"/> Calm                          |
| <input checked="" type="checkbox"/> Light and Variable |

**Wind Gusts**

Velocity: \_\_\_\_\_ KTS

- |                                                 |
|-------------------------------------------------|
| <input type="checkbox"/> Gusting                |
| <input checked="" type="checkbox"/> Not Gusting |

**Type of Turbulence (Check all that apply)**

- |                                          |                                                   |
|------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> In Clouds                |
| <input type="checkbox"/> Clear Air       | <input type="checkbox"/> Vicinity of Thunderstorm |

**Severity of Turbulence**

- |                                  |                                        |                                |
|----------------------------------|----------------------------------------|--------------------------------|
| <input type="checkbox"/> Extreme | <input type="checkbox"/> Moderate      | <input type="checkbox"/> Light |
| <input type="checkbox"/> Severe  | <input type="checkbox"/> Moderate Chop |                                |

NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident

Temperature: \_\_\_\_\_ (C)  
or 75 (F)Altimeter Setting: \_\_\_\_\_ in. HG  
or \_\_\_\_\_ MB

Density Altitude: \_\_\_\_\_ ft

Dew Point: \_\_\_\_\_ (C)  
or \_\_\_\_\_ (F)**Icing Forecast**

- | Amount                                   |                                   |
|------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light           |                                   |

- | Type                           |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Icing Actual**

- | Amount                         |                                   |
|--------------------------------|-----------------------------------|
| <input type="checkbox"/> None  | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Trace | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Light |                                   |

- | Type                           |
|--------------------------------|
| <input type="checkbox"/> Rime  |
| <input type="checkbox"/> Clear |
| <input type="checkbox"/> Mixed |

**Type of Precipitation (Check all that apply)**

- |                                          |                                             |
|------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle            |
| <input type="checkbox"/> Rain            | <input type="checkbox"/> Ice Pellets        |
| <input type="checkbox"/> Snow            | <input type="checkbox"/> Snow Pellets       |
| <input type="checkbox"/> Hail            | <input type="checkbox"/> Snow Grains        |
| <input type="checkbox"/> Rain Showers    | <input type="checkbox"/> Ice Crystals       |
| <input type="checkbox"/> Freezing Rain   | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Snow Shower     | <input type="checkbox"/> Freezing Drizzle   |

**Intensity of Precipitation**

- |                                |                                   |                                |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

**"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: Hemharsith City of Residence: Garner  
Middle Initial: \_\_\_\_\_ State: NC ZIP: 27529  
Last Name: Sivakumar Gayathri Country: USA  
Age at time of Accident/Incident: 16 Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
Certificate Number: \_\_\_\_\_

**Degree of Injury**

☐ None ☐ Fatal  
☒ Minor ☐ Unknown  
☐ Serious

**Seat Occupied**

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

**Restraint Type****Available**

☐ None  
☐ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

**Used**

☐ None  
☐ Lap only  
☒ 3-point  
☐ 4-point  
☐ 5-point  
☐ 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

**Date of Last Medical**

\_\_\_\_ 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:** \_\_\_\_\_

**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 ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multi-Engine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered Lift ☐ Sport

**Type Ratings****Student Endorsements** (Include dates)

Aerotow 22 OCT 2022

Solo 1/28/2023 expires on 4/28/23

| 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                                                  | 25.2         |                   | .9                     |                      |       |            |           |            | 24.3   |                  |
| Pilot in Command (PIC)                                      | 10.1         |                   |                        |                      |       |            |           |            | 10.1   |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 4.6          |                   |                        |                      |       |            |           |            | 4.6    |                  |
| Last 30 Days                                                | .7           |                   |                        |                      |       |            |           |            | .7     |                  |
| Last 24 Hours                                               | .7           |                   |                        |                      |       |            |           |            | .7     |                  |

**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<br><u>07/25/2023</u><br><small>mm/dd/yyyy</small>                                                                                                                                    | Signature and Name of Pilot/Operator<br>Signature: _____<br>Type or Print Name: _____ |                                  |                                |
| Signature and Name of Person Filing Report (Other than Pilot/Operator)<br>Signature: _____<br>Type or Print Name: <u>Thomas C. Holmes</u><br>Title: <u>Treasurer, North Carolina Soaring Association</u> |                                                                                       |                                  |                                |
| <b>FOR NTSB USE ONLY</b>                                                                                                                                                                                 |                                                                                       |                                  |                                |
| NTSB Accident/Incident No.<br>ERA23LA207                                                                                                                                                                 | Reviewed by NTSB Regional Office<br>ERA                                               | Name of Investigator<br>D. Boggs | Date Report Received<br>5/1/23 |