

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

Accident/Incident Location Nearest City/Place: <u>Guilford Fairgrounds</u> State: <u>CT</u> ZIP: <u>06437</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)		Accident/Incident Date/Time Date: <u>07/23/2023</u> Local Time: <u>9:40</u> mm/dd/yyyy Time Zone: <u>ET</u>	
		Collision with Other Aircraft: Midair On-ground ☒ None	

Registration Number: <u>4522E</u>	IFR-Equipped and Certified Commercial Space Flight Unmanned Aircraft
Manufacturer: <u>Head</u>	
Model: <u>Ax-8-88</u>	Maximum Gross Weight: _____ lbs
Serial Number: <u>183</u>	Weight at Time of Accident/Incident: _____ lbs
Year of Manufacture: <u>1992</u>	Number of Seats: _____ Flight Crew Seats: _____
Amateur-Built: Yes If Yes: Kit/Plans Make: _____ <u>No</u> Original Design	Cabin Crew Seats: _____ Passenger Seats: _____
	Number of Engines: _____

Category of Aircraft	Type of Airworthiness Certificate (Check all that apply)	Landing Gear (Check all that apply)	Engine Type (Select one)
Airplane	Standard	Retractable	Reciprocating
<u>Balloon</u>	Normal	Tricycle	Liquid Rocket
Blimp/Dirigible	Aerobatic	Tailwheel	Turbo Shaft
Glider	<u>Balloon</u>	Amphibian	Turbo Prop
Gyroplane	Commuter	Emergency Float	Turbo Jet
Helicopter	Transport	Float	Turbo Fan
Powered Lift	Utility	Hull	Electric
Rocket			
Ultralight			
Unknown			
	Special		
	Restricted		
	Limited		
	Provisional		
	Special Flight		
	Experimental		
	Special Light-Sport		
	Experimental Light-Sport		
	Certificate of Authorization or Waiver (COA)		
	None		
	Unknown		
		Other Launch/Recovery System	
		None	
		Unknown	
			Fuel System Type (Reciprocating)
			Carburetor
			Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. <i>mm/dd/yyyy</i>	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type 100-Hour Continuous Airworthiness AAIP Conditional Inspection <u>Annual</u> Unknown Date Last Inspection: <u>10/01/2022</u> mm/dd/yyyy Airframe Total Time: <u>659</u> hrs hours measured at (Select one) Last Inspection <u>Time of Accident/Incident</u>	Propeller 1 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____ ELT Installed: Yes No If Yes: ELT Manufacturer: _____ Model or Part No.: _____ TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) Was ELT still mounted in aircraft? Yes No Was ELT still connected to antenna? Yes No Did ELT Activate? Yes No If activated: Did ELT Aid in Locating Aircraft: Yes No If not activated: Indicate Reason: Impact Damage Fire Damage Battery Expired/Damaged Unknown	Propeller 2 Fixed Pitch Controllable Pitch Ground Adjustable Manufacturer: _____ Model: _____ Additional Equipment (Check all that apply) ADS-B Airframe Parachute Angle of Attack Indicator Autopilot Data Recorder Electronic Flight Bag or Handheld Device Electronic Multifunction Display Electronic Primary Flight Display Handheld GPS Heads Up Display Onboard Weather Satellite Tracking Device Stall Warning System Video Recording Device Other, Specify: _____
Type of Maintenance Program (Select one) <u>Annual</u> Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: _____ Description of Fire Extinguishing System None Specify: <u>Dry chemical</u>		

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: Christopher P. TrippCity: Natchez, MSState: MS ZIP: 39120

Fractional Ownership Aircraft: Yes No

Country: USA**Operator of Aircraft** *Same As Registered Owner*Name: Bill Cunningham*Same Address as Registered Owner*City: GermantownDoing Business As: Bill CunninghamState: TN ZIP: 38138

Air Carrier/Operator Designator (4 Character Code): _____

Country: USA**Operating Certificates Held***(Check all that apply)*

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

Regulation Flight Conducted Under

- ☒ FAR 91
- ☐ FAR 103
- ☐ FAR 121
- ☐ FAR 125
- ☐ FAR 129
- ☐ FAR 133
- ☐ FAR 135
- ☐ FAR 137
- ☐ FAR 415
- ☐ FAR 431
- ☐ FAR 435
- ☐ FAR 437

FAR 91 Special Flight

Non-US, Commercial

Non-US, Non-commercial

Public Aircraft (Select one)

- ☐ Armed Forces
- ☐ Federal
- ☐ State
- ☐ Local
- ☐ Unknown

Revenue Operation for FAR 121, 125, 129, 135*(Select one for each group)*

- ☐ Scheduled or Commuter
- ☐ Non-Scheduled or Air Taxi
- ☐ Domestic
- ☐ International

- ☐ Passenger
- ☐ Cargo
- ☐ Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137*(Select one)*

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

Revenue Sightseeing FlightYes ☒ No**Air Medical Flight**Yes ☒ NoBalloon Glow-Laser Show**AIRPORT INFORMATION** *(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)*

Airport Name: _____

Airport Identifier: _____

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

Runway/Landing Surface *(Check all that apply)*

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

Condition of Runway/Landing Surface *(Check all that apply)*

- ☐ Dry
- ☐ Holes
- ☐ Ice Covered
- ☐ Rough
- ☐ Rubber Deposits
- ☐ Slush-Covered
- ☐ Snow-Compacted
- ☐ Snow-Crusted
- ☐ Snow-Dry
- ☐ Snow-Wet
- ☐ Soft
- ☐ Vegetation
- ☐ Water-Calm
- ☐ Water-Choppy
- ☐ Water-Glassy
- ☐ Wet
- ☐ Unknown

Approach/Departure Segment *(Select one)*

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

IFR Approach *(Check all that apply)*

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

VFR Approach *(Check all that apply)*

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

"FLIGHT CREWMEMBER 1" INFORMATION

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

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

"Flight Crewmember 1" was pilot flying ☒ Yes No

"Flight Crewmember 1" Identification

First Name: Charles

City of Residence: Germantown

Middle Initial: W. "Bill"

State: TN ZIP: 38138

Last Name: Cunningham

Country: USA

Age at time of Accident/Incident: 74 Date of Birth: 1948 mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury

☒ None Fatal
Minor Unknown
Serious

Seat Occupied

Left Front Unknown
Right Rear
Center Single

Restraint Type

Available	Used
None	None
Lap only	Lap only
3-point	3-point
4-point	4-point
5-point	5-point
Unknown	Unknown

Inflatable Restraints

Not Installed
Installed
Not Deployed
Deployed
Unknown

Pilot Certificate(s) (Check all that apply)

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

Principal Occupation

Pilot
☒ Other
Unknown

Medical Certificate

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

Medical Certificate Validity

Without limitations/waivers Unknown
With limitations/waivers N/A
Special Issuance

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: 05/29/2023
mm/dd/yyyy

Flight Review Aircraft

Make: Aerostar
Model: Puroka

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 ☒ Balloon
Airplane Single-Engine
Airplane Multi-Engine
Gyroplane
Powered Lift

Instrument Airplane
Instrument Helicopter
Helicopter
Glider
Sport

Type Ratings

Student Endorsements (Include dates)

Flight Time (Enter appropriate
number of hours in each box)

	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
Total Time	2328	60				Actual	Simulated			2328
Pilot in Command (PIC)	2310	60								2310
Time as Instructor	378	0								378
This Make/Model										
Last 90 Days	23	18								23
Last 30 Days	10	10								10
Last 24 Hours	5	5								5

"FLIGHT CREWMEMBER 2" INFORMATION																																																																																																				
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying Yes No																																																																																																				
"Flight Crewmember 2" Identification First Name: _____ Middle Initial: _____ Last Name: _____ City of Residence: _____ State: _____ ZIP: _____ Country: _____ Age at time of Accident/Incident: _____ 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) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer		Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance				Date of Last Medical _____ mm/dd/yyyy																																																																																														
Principal Occupation Pilot Other Unknown		Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown			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) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift Instrument Airplane Instrument Helicopter Helicopter Glider Sport																																																																																														
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

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

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

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

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age														
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: ____	None Minor Serious Fatal Unknown	<table border="1"> <thead> <tr> <th>Available</th><th>Used</th></tr> </thead> <tbody> <tr><td>None</td><td>None</td></tr> <tr><td>Lap Only</td><td>Lap Only</td></tr> <tr><td>3-point</td><td>3-point</td></tr> <tr><td>4-point</td><td>4-point</td></tr> <tr><td>5-point</td><td>5-point</td></tr> <tr><td>Unknown</td><td>Unknown</td></tr> </tbody> </table>	Available	Used	None	None	Lap Only	Lap Only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years <i>If Under 5,</i> Child Restraint Lap-Held Unknown
Available	Used																		
None	None																		
Lap Only	Lap Only																		
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None	None																		
Lap Only	Lap Only																		
3-point	3-point																		
4-point	4-point																		
5-point	5-point																		
Unknown	Unknown																		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____		Time of Departure Time: _____ Time Zone: _____	Destination Airport ID: _____ City: _____ State: _____ Country: _____	Type Flight Plan Filed ☒ None ☐ Company VFR ☐ Military VFR ☐ VFR Activated? Yes No Unknown
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Type of ATC Clearance/Service (Check all that apply) ☒ None VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A Class B Class C Class D Class E Class G Demo Area Warning Area Prohibited Area Restricted Area Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93				Altitude of In-Flight Occurrence: _____ ft msl

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service (DUATS) On-Board Weather Company Military Internet None Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions VMC IMC Unknown	Light Condition Dawn Day Dusk ☒ Night Dark Night Bright Night Unknown
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Sky/Lowest Cloud Condition Clear Few Partial Obscuration Scattered Thin Broken Thin Overcast Unknown	Ceiling None (Clear) Broken Overcast Obscured Indefinite Unknown	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl	

Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☒ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light Moderate Heavy ☒ N/A Unknown	Type of Precipitation (Check all that apply) ☒ None Rain Snow Hail Rain Showers Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Freezing Rain Snow Shower Ice Pellets Shower Freezing Drizzle	Restriction to Visibility (Check all that apply) ☒ None Blowing Dust Blowing Sand Blowing Snow Blowing Spray Dust Fog Ground Fog Haze Ice Fog Smoke Unknown
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Icing Forecast Amount ☒ None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown	Icing Actual Amount ☒ None Trace Light Moderate Severe Unknown Type N/A Rime Clear Mixed Unknown	Turbulence Type (Check all that apply) ☒ None Clear Air Terrain-Induced Convective Turbulence Severity Light Moderate Severe Extreme
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NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

☒ None
Minor

Substantial
Destroyed
Unknown

Aircraft Fire

☒ None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

☒ None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

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

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.

On Sunday 07/23/2023 pm we had been doing tether rides for about 2.5 hours. Tethering is taking one group up for a few minutes then descending to the ground and exchanging passengers and repeating the process. When exchanging passengers, in order to maintain proper weight and balance, you load one passenger in before unloading one of the current passengers. In addition, we have a couple of ground crew members who keep their weight on the basket adding additional control. Plus, they help control the flow of passengers in and out to maintain our weight and balance.

On this particular sequence we had exchanged a couple of passengers with two new ones and had two waiting to exit. an elderly lady was on the ladder trying to enter but having some difficulty. I turned to the two exiting passengers and asked them not to leave until we got this lady in. I turned and moved to the other side of the basket to help her. After maybe 6-8 seconds the balloon suddenly started to rise. I turned around to see that both those passengers had already exited and my ground crew member, Larry Danvers, was also not on the basket. I yelled "Clear, watch the ropes", which is our signal for all hands off the basket and for the ground crew to make sure none of the exiting passengers get caught in the tether ropes. As the balloon rose I felt a little shake in the basket and looked over the side to see Larry lying on the ground. With both passengers out and no one in to replace their weight the balloon started to rise. Although I had yelled "Clear" Larry grabbed on to a small rope near the bottom of the basket used for moving the basket on the ground when loading/unloading in to a trailer or van before or after flight.

Larry had also crewed the previous night for 3 hours. His fall was from approximately 15 feet. He was transported to the local hospital. We have not been able to obtain info as to his condition.

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)Was there Mechanical Malfunction/Failure? Yes ☐ No ☒
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATIONFuel on Board at Last Takeoff
(Convert from pounds, as necessary)

_____ 5 _____ Gallons

Fuel Type

80/87

115/145

Jet B

Other, specify

Propane

100 Low Lead

Jet A

JP8

100/130

Jet A-1

Automotive

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes ☐ No ☒

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

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Minor

Substantial

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

Name of Pilot/Operator: _____

Signature: _____

mm/dd/yyyy

— or —

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

— or —

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

ERA23LA315

Reviewed by NTSB Regional Office

AS-ERA

Name of Investigator

T.Gunther

Date Report Received

09/05/2023