

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Immokalee State: FL  
 ZIP: 34114 Country: U.S.A  
 Latitude: N26° 26.02' Longitude: W81° 24.03'  
*(Enter in decimal degrees or degrees: minutes: seconds)*

### Accident/Incident Date/Time

Date: 08-26-2023 Local Time: 12:00 pm  
*mm/dd/yyyy*  
 Time Zone: EST

Collision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

## AIRCRAFT INFORMATION

Registration Number: N4147Q

Manufacturer: Robinson

Model: R-44

Serial Number: 1844

Year of Manufacture: 2008

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Original Design Make: \_\_\_\_\_

☐ IFR-Equipped and Certified  
☐ Commercial Space Flight  
☐ Unmanned Aircraft

Maximum Gross Weight: 2400 lbs

Weight at Time of Accident/Incident: 2303.2 lbs

Number of Seats: 4 Flight Crew Seats: \_\_\_\_\_

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_

Number of Engines: 1

### Category of Aircraft

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

### Type of Airworthiness Certificate

*(Check all that apply)*

#### Standard

- ☒ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility

#### Special

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

☐ Certificate of Authorization or Waiver (COA)  
☐ None ☐ Unknown

### Landing Gear

*(Check all that apply)*

☐ Retractable

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

☐ Other Launch/Recovery System

☐ None ☐ Unknown

### Engine Type *(Select one)*

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

### Fuel System Type *(Reciprocating)*

☒ Carburetor ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm dd/yyyy</i> | Rated Power<br><input type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>Lycoming</u>     | <u>O-540-F1B5</u>   | <u>RL-25741-40E</u>          | <u>05/2013</u>                    |                                                                                           | <u>2010</u>           | <u>10</u>                            | <u>2010</u>         |
| Eng. 2 |                     |                     |                              |                                   |                                                                                           |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                                   |                                                                                           |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                                   |                                                                                           |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 06/29/23

*mm/dd/yyyy*

Airframe Total Time: 2000.1 hrs

hours measured at *(Select one)*

☒ Last Inspection ☐ Time of Accident/Incident

### Type of Maintenance Program *(Select one)*

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

### Description of Fire Extinguishing System

- ☐ None
- ☐ Specify: \_\_\_\_\_

### Propeller 1

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

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

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

### Propeller 2

- ☐ Fixed Pitch
- ☐ Controllable Pitch
- ☐ Ground Adjustable

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

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

ELT Installed: ☐ Yes ☒ No

If Yes:

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

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

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)  
☐ OC126 (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

### Additional Equipment *(Check all that apply)*

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

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Registered Aircraft Owner</b><br>Name: <u>Airman Helicopter Inc.</u><br>Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | City: <u>Fort Lauderdale</u><br>State: <u>FL</u> ZIP: <u>33308</u><br>Country: <u>U.S.A.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner<br>Name: <u>Adam White</u><br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Same Address as Registered Owner<br>City: <u>Lehigh Acres</u><br>State: <u>FL</u> ZIP: <u>33994</u><br>Country: <u>U.S.A.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation<br>Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft | <b>Regulation Flight Conducted Under</b><br><input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415<br><input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431<br><input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435<br><input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437<br><br><input type="radio"/> FAR 91 Special Flight<br><input type="radio"/> Non-US, Commercial<br><input type="radio"/> Non-US, Non-commercial<br><br><input type="radio"/> Public Aircraft <i>(Select one)</i><br><input type="radio"/> Armed Forces<br><input type="radio"/> Federal<br><input type="radio"/> State<br><input type="radio"/> Local<br><input type="radio"/> Unknown | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><br><input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic<br><input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International<br><br><input type="radio"/> Passenger<br><input type="radio"/> Cargo<br><input type="radio"/> Mail Contract Only                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Purpose of Flight for FAR 91, 103, 133, 137</b><br><i>(Select one)</i><br><input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Unknown<br><input type="radio"/> Aerial Observation <input type="radio"/> Flight Test<br><input type="radio"/> Air Drop <input type="radio"/> Glider Tow<br><input type="radio"/> Air Race/Show <input checked="" type="radio"/> Instructional<br><input type="radio"/> Banner Tow <input type="radio"/> Other Work Use<br><input type="radio"/> Business <input type="radio"/> Personal<br><input type="radio"/> Executive/Corporate <input type="radio"/> Positioning<br><input type="radio"/> External Load <input type="radio"/> Skydiving<br><input type="radio"/> Ferry |  |
| <b>AIRPORT INFORMATION</b> <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i><br>Airport Name: <u>Immokalee RGNL</u><br>Airport Identifier: <u>KIMM</u><br>Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Runway Information</b><br>Runway ID: <u>36</u> (L/R/C) Length: <u>4550</u> ft Width: <u>150</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Distance From Airport Center:</b> <u>0</u> sm<br><b>Direction From Airport:</b> _____ degrees true<br><b>Airport Elevation:</b> <u>37</u> ft. msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water<br><input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood<br><input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm<br><input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy<br><input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy<br><input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet<br><input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft<br><input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown                                      |  |
| <b>Approach/Departure Segment</b> <i>(Select one)</i><br><input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach<br><input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around<br><input type="radio"/> Initial Climb <input type="radio"/> <input type="radio"/> <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown)<br><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Crosswind <input type="radio"/> Unknown                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice<br><input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS<br><input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR<br><input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual<br><input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact<br><input type="checkbox"/> <input type="checkbox"/> RNAV <input type="checkbox"/> Circling<br><input type="checkbox"/> Unknown                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go<br><input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go<br><input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing<br><input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing<br><input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing<br><input type="checkbox"/> Unknown                                                                                                                                                                                   |  |

| "FLIGHT CREWMEMBER 1" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
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| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input checked="" type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <b>"Flight Crewmember 1" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <b>"Flight Crewmember 1" Identification</b><br>First Name: <u>Adam</u> City of Residence: <u>Lehigh Acres</u><br>Middle Initial: <u>R</u> State: <u>FL</u> ZIP: <u>33974</u><br>Last Name: <u>White</u> Country: <u>U.S.A.</u><br>Age at time of Accident/Incident: <u>47</u> Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> mm/dd/yyyy<br>Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input checked="" type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                      |                        | <b>Restraint Type</b><br><table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input checked="" type="radio"/> 3-point</td> <td><input checked="" type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Available                                                      | Used       | <input type="radio"/> None | <input type="radio"/> None                                  | <input type="radio"/> Lap only | <input type="radio"/> Lap only | <input checked="" type="radio"/> 3-point | <input checked="" type="radio"/> 3-point | <input type="radio"/> 4-point | <input type="radio"/> 4-point | <input type="radio"/> 5-point | <input type="radio"/> 5-point | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Used                                     |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> None               |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> Lap only           |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <input checked="" type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="radio"/> 3-point |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> 4-point            |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> 5-point            |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> Unknown            |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input checked="" type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <b>Principal Occupation</b><br><input checked="" type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown                                                                         |                        | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Date of Last Medical</b><br><u>05-10-2022</u><br>mm/dd/yyyy |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <b>Medical Certificate Limitations</b><br><div style="text-align: center; font-size: 1.2em;">none</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <b>Medical Certificate Special Issuance</b><br><div style="text-align: center; font-size: 1.2em;">none</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>04/01/2023</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                                                                                                                                                                                                                                                                                                                     |                        | <b>Flight Review Aircraft</b><br>Make: <u>Robinson</u><br>Model: <u>R-44</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          | <b>Other Aircraft Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                        | <b>Instrument Rating(s)</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | <b>Instructor Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | <b>Student Endorsements</b> (Include dates)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>3383.1</td> <td>3100</td> <td></td> <td></td> <td>209</td> <td></td> <td>18.9</td> <td>3383.1</td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>3328.2</td> <td>3040</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3328.2</td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>2248.8</td> <td>2240</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2248.8</td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>26.7</td> <td>18.7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>26.7</td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>Approx 8.0</td> <td>8.0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>8</td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>1.5</td> <td>1.5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.5</td> <td></td> <td></td> </tr> </tbody> </table> |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            | Flight Time (Enter appropriate number of hours in each box) | All Aircraft                   | This Make & Model              | Airplane Single Engine                   | Airplane Multiengine                     | Night                         | Instrument                    |                               | Rotorcraft                    | Glider                        | Lighter Than Air              | Actual                                                                                                                                                                                                                                    | Simulated | Total Time | 3383.1 | 3100 |  |  | 209 |  | 18.9 | 3383.1 |  |  | Pilot in Command (PIC) | 3328.2 | 3040 |  |  |  |  |  | 3328.2 |  |  | Time as Instructor | 2248.8 | 2240 |  |  |  |  |  | 2248.8 |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days | 26.7 | 18.7 |  |  |  |  |  | 26.7 |  |  | Last 30 Days | Approx 8.0 | 8.0 |  |  |  |  |  | 8 |  |  | Last 24 Hours | 1.5 | 1.5 |  |  |  |  |  | 1.5 |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3383.1                                   | 3100                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 209   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 18.9                                                           | 3383.1     |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3328.2                                   | 3040                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                | 3328.2     |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2248.8                                   | 2240                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                | 2248.8     |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |            |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 26.7                                     | 18.7                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                | 26.7       |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Approx 8.0                               | 8.0                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                | 8          |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1.5                                      | 1.5                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                | 1.5        |                            |                                                             |                                |                                |                                          |                                          |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                           |           |            |        |      |  |  |     |  |      |        |  |  |                        |        |      |  |  |  |  |  |        |  |  |                    |        |      |  |  |  |  |  |        |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |      |      |  |  |  |  |  |      |  |  |              |            |     |  |  |  |  |  |   |  |  |               |     |     |  |  |  |  |  |     |  |  |

| "FLIGHT CREWMEMBER 2" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
| <b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| <b>"Flight Crewmember 2" was pilot flying</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| <b>"Flight Crewmember 2" Identification</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br>Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy<br>Certificate Number: _____                                                                                                                                                                                     |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single              |                              | <b>Restraint Type</b><br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </td> <td style="width: 50%; vertical-align: top;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </td> </tr> </table> |                             |              | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                    | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |               |                         |
| <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                      | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |              | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                 | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown |                              | <b>Medical Certificate Limitations</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |              | <b>Medical Certificate Special Issuance</b><br><br>                                                                                                                                                                                                                     |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |              | <b>Airplane Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| <b>Other Aircraft Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                  |                                                                                                                                                                                                                 | <b>Instrument Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                         |                              | <b>Instructor Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |              | <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport                                                              |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| <b>Type Ratings</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              | <b>Student Endorsements</b> (Include dates)<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |              | <br>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| <b>Flight Time</b> (Enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                 | <b>All Aircraft</b>                                                                                                                                                                                                                              | <b>This Make &amp; Model</b> | <b>Airplane Single Engine</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Airplane Multiengine</b> | <b>Night</b> | <b>Instrument</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                 | <b>Rotorcraft</b>                                                                                                                                                                                                              | <b>Glider</b> | <b>Lighter Than Air</b> |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |              | Actual                                                                                                                                                                                                                                                                  | Simulated                                                                                                                                                                                                       |                                                                                                                                                                                                                                |               |                         |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |              |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |               |                         |

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                        |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                |                                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                        |                                                                                                                                                                       | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                            | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                    |                                                                                                                                                                   |  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input type="checkbox"/> Private<br/> <input type="checkbox"/> Student           </div> <div> <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial<br/> <input type="checkbox"/> Airline Transport<br/> <input type="checkbox"/> Flight Engineer           </div> <div> <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Foreign           </div> </div> |  |  |                                                                                                                                                        |                                                                                                                                                                       | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div> |                                                                                                                                                                                                                            | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                   |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                              |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                |                                                                                                                                                                   |  |
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                        |                                                                                                                                                                       | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                            | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                    |                                                                                                                                                                   |  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input type="checkbox"/> Private<br/> <input type="checkbox"/> Student           </div> <div> <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial<br/> <input type="checkbox"/> Airline Transport<br/> <input type="checkbox"/> Flight Engineer           </div> <div> <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Foreign           </div> </div> |  |  |                                                                                                                                                        |                                                                                                                                                                       | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div> |                                                                                                                                                                                                                            | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                   |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                              |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                |                                                                                                                                                                   |  |
| 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: <u>Curtis</u> City: <u>Naples</u><br>Middle Initial: _____    State: <u>FL</u> ZIP: <u>34117</u><br>Last Name: <u>Sloop</u> Country: <u>USA</u><br><div style="display: flex; justify-content: space-between;"> <input type="radio"/> Crew           <input type="radio"/> Passenger           <input checked="" type="radio"/> Other         </div>                                                                                                                                                                                                                                                                                                       |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input checked="" type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: <u>L</u> | <input type="radio"/> None<br><input checked="" type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                            | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                      | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: <u>Jean</u> City: <u>Naples</u><br>Middle Initial: _____    State: <u>FL</u> ZIP: <u>34117</u><br>Last Name: <u>Sloop</u> Country: <u>USA</u><br><div style="display: flex; justify-content: space-between;"> <input type="radio"/> Crew           <input checked="" type="radio"/> Passenger           <input type="radio"/> Other         </div>                                                                                                                                                                                                                                                                                                         |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input checked="" type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: <u>Z</u> | <input type="radio"/> None<br><input type="radio"/> Minor<br><input checked="" type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                            | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: _____    City: _____<br>Middle Initial: _____    State: _____    ZIP: _____<br>Last Name: _____    Country: _____<br><div style="display: flex; justify-content: space-between;"> <input type="radio"/> Crew           <input type="radio"/> Passenger           <input type="radio"/> Other         </div>                                                                                                                                                                                                                                                                                                                                                |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____               | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                       | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown            | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: _____    City: _____<br>Middle Initial: _____    State: _____    ZIP: _____<br>Last Name: _____    Country: _____<br><div style="display: flex; justify-content: space-between;"> <input type="radio"/> Crew           <input type="radio"/> Passenger           <input type="radio"/> Other         </div>                                                                                                                                                                                                                                                                                                                                                |  |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____               | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                       | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown            | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |

## FLIGHT ITINERARY INFORMATION

| Last Departure Point                                                                         | Time of Departure                             | Destination                                                                                  | Type Flight Plan Filed                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Airport ID: <u>KIMM</u><br>City: <u>Ft. Meade</u><br>State: <u>FL</u><br>Country: <u>USA</u> | Time: <u>12:00pm</u><br>Time Zone: <u>EST</u> | Airport ID: <u>KIMM</u><br>City: <u>Ft. Meade</u><br>State: <u>FL</u><br>Country: <u>USA</u> | <input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |

**Type of ATC Clearance/Service** (Check all that apply)

|                                          |                                      |                                      |                                               |                                       |
|------------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input type="checkbox"/> VFR Flight Following | <input type="checkbox"/> Cruise       |
| <input type="checkbox"/> VFR             | <input type="checkbox"/> IFR         | <input type="checkbox"/> VFR On Top  | <input type="checkbox"/> Traffic Advisory     | <input type="checkbox"/> Unknown / NA |

**Airspace where the accident/incident occurred** (Check all that apply)

|                                  |                                             |                                                         |                                                   |
|----------------------------------|---------------------------------------------|---------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Class A | <input checked="" type="checkbox"/> Class G | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |
| <input type="checkbox"/> Class B | <input type="checkbox"/> Demo Area          | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |
| <input type="checkbox"/> Class C | <input type="checkbox"/> Warning Area       | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                  |
| <input type="checkbox"/> Class D | <input type="checkbox"/> Prohibited Area    | <input type="checkbox"/> TRSA                           |                                                   |
| <input type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area    | <input type="checkbox"/> FAR 93                         |                                                   |

**Altitude of In-Flight Occurrence:** 10 ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Source of Pilot Weather Information</b><br/>(Check all that apply)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> National Weather Service<br/> <input type="checkbox"/> Flight Service Station<br/> <input type="checkbox"/> TV/Radio<br/> <input type="checkbox"/> Automated Report<br/> <input type="checkbox"/> Commercial Weather Service (DUATS)<br/> <input type="checkbox"/> On-Board Weather </div> <div style="width: 48%;"> <input type="checkbox"/> Company<br/> <input type="checkbox"/> Military<br/> <input checked="" type="checkbox"/> Internet<br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Unknown </div> </div> | <p><b>Weather Observation Facility</b></p> <p>Facility ID: <u>KIMM</u></p> <p>Observation Time: <u>11:50 AM</u></p> <p>Time Zone: <u>EST</u></p> <p>Distance from Accident Site: <u>0</u> nm</p> <p>Direction from Accident Site: <u>-</u> degrees true</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Basic Conditions                                                                                   | Light Condition                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown | <input type="radio"/> Dawn<br><input checked="" type="radio"/> Day<br><input type="radio"/> Dusk<br><input type="radio"/> Night<br><input type="radio"/> Dark Night<br><input type="radio"/> Bright Night<br><input type="radio"/> Unknown |

|                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                 |                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input checked="" type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown | <b>Temperature:</b> _____ (C) or <u>89</u> (F)<br><b>Dew Point:</b> _____ (C) or <u>75</u> (F)<br><b>Altimeter Setting:</b> <u>29.86</u> in. Hg<br>or _____ MB |
| <b>Lowest Cloud Condition Height</b><br><u>3200</u> ft agl                                                                                                                                                                                                                                              | <b>Ceiling Height</b><br><u>—</u> ft agl                                                                                                                                                                                        |                                                                                                                                                                |

|                                                                                                              |                                                                                                                                        |                                                                                                      |                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br><br>-OR-<br>Direction: <u>ENE</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br><br>-OR-<br>Speed: <u>6-8</u> kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br><br>-OR-<br>Speed: _____ kts | <b>Visibility</b> <u>10</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> <u>1986</u> ft |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

| Intensity of Precipitation                                                                                                                                 | Type of Precipitation (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Restriction to Visibility (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Hail<br><input type="checkbox"/> Rain Showers<br><input type="checkbox"/> Drizzle<br><input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Ice Crystals<br><input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Freezing Drizzle | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Unknown |

| Icing Forecast                        |                               | Icing Actual                          |                               | Turbulence                                     |                                   |
|---------------------------------------|-------------------------------|---------------------------------------|-------------------------------|------------------------------------------------|-----------------------------------|
| <b>Amount</b>                         | <b>Type</b>                   | <b>Amount</b>                         | <b>Type</b>                   | <b>Type</b> <i>(Check all that apply)</i>      | <b>Severity</b>                   |
| <input checked="" type="radio"/> None | <input type="radio"/> N/A     | <input checked="" type="radio"/> None | <input type="radio"/> N/A     | <input checked="" type="checkbox"/> None       | <input type="checkbox"/> Light    |
| <input type="radio"/> Trace           | <input type="radio"/> Rime    | <input type="radio"/> Trace           | <input type="radio"/> Rime    | <input type="checkbox"/> Clear Air             | <input type="checkbox"/> Moderate |
| <input type="radio"/> Light           | <input type="radio"/> Clear   | <input type="radio"/> Light           | <input type="radio"/> Clear   | <input type="checkbox"/> Terrain-Induced       | <input type="checkbox"/> Severe   |
| <input type="radio"/> Moderate        | <input type="radio"/> Mixed   | <input type="radio"/> Moderate        | <input type="radio"/> Mixed   | <input type="checkbox"/> Convective Turbulence | <input type="checkbox"/> Extreme  |
| <input type="radio"/> Severe          | <input type="radio"/> Unknown | <input type="radio"/> Severe          | <input type="radio"/> Unknown |                                                |                                   |
| <input type="radio"/> Unknown         |                               | <input type="radio"/> Unknown         |                               |                                                |                                   |

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

| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Aircraft Damage</b><br><input type="radio"/> None <input checked="" type="radio"/> Substantial<br><input type="radio"/> Minor <input type="radio"/> Destroyed<br><input type="radio"/> <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Aircraft Fire</b><br><input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown | <b>Aircraft Explosion</b><br><input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown |
| <b>Description of Damage to Aircraft and Other Property</b> <i>(Use additional sheet if necessary)</i><br><div style="font-family: cursive; padding-top: 10px;"> Aircraft Totaled<br/> other Property - None </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |
| <b>NARRATIVE HISTORY OF FLIGHT</b> <i>(Please type or print in ink)</i><br><div style="font-family: cursive; padding-top: 10px;"> <p>Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible. Helicopter WAS hovering at Approx 10 feet over the number of Rwy 36 Facing ENF the wind was around 6-8 knts.</p> <p>The student made an abrupt forward input causing a nose low attitude with a right roll. I immediately pulled Aft and left while adding power.</p> <p>The helicopter moved forward approx. 25 ft and descended. The Blade Struck the grass and the helicopter landed on its side.</p> <p>Departure Time Approx. 12:00pm</p> <p>Location - KIMM</p> <p>Services - Aircraft fueled</p> <p>Destination - KIMM</p> <p>Terrain - Airport</p> </div> |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |

|                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>RECOMMENDATION</b> (How could this accident/incident have been prevented?)                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                                                                                                        |
| Operator/Owner Safety Recommendation This accident was the result of an input being made on the control that was fast and strong. The instructor made immediate corrections. Unfortunately no way to predict the actions of student on controls. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                                                                                                        |
| <b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on separate sheet)                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                                                                                                        |
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><small>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</small>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            | <b>Total Time/Cycles On Part</b><br>_____ Hours<br>_____ Cycles<br><br><b>Time Since This Part Inspected/Overhauled</b><br>_____ Hours |
| <b>FUEL &amp; SERVICES INFORMATION</b>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                                                                                                        |
| <b>Fuel on Board at Last Takeoff</b><br><small>(Convert from pounds, as necessary)</small><br>48 Gallons                                                                                                                                         | <b>Fuel Type</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 80/87<br/> <input checked="" type="radio"/> 100 Low Lead<br/> <input type="radio"/> 100/130         </div> <div> <input type="radio"/> 115/145<br/> <input type="radio"/> Jet A<br/> <input type="radio"/> Jet A-1         </div> <div> <input type="radio"/> Jet B<br/> <input type="radio"/> JP8<br/> <input type="radio"/> Automotive         </div> <div> <input type="radio"/> Other, specify _____         </div> </div> |                                                                                                                                                                            |                                                                                                                                        |
| Other Services, if Any, Prior to Departure                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                                                                                                        |
| <b>EVACUATION OF AIRCRAFT</b>                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                                                                                                        |
| Was an emergency evacuation of the aircraft performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                                                                                                        |
| Method of Exit – Describe how the occupants exited and how many occupants evacuated each location<br>Left Front seat self exit, Right Front seat self exit<br>Rear right seat extracted by rescue personnel.                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                                                                                                        |
| <b>OTHER AIRCRAFT – COLLISION</b> (If air or ground collision occurred, complete this section for other aircraft)                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                                                                                                        |
| Aircraft Registration Number                                                                                                                                                                                                                     | Manufacturer: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Damage to Other Aircraft</b><br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None |                                                                                                                                        |
| Model: _____                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                            |                                                                                                                                        |
| Registered Owner of Other Aircraft                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pilot of Other Aircraft                                                                                                                                                    |                                                                                                                                        |
| Name: _____                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name: _____                                                                                                                                                                |                                                                                                                                        |
| City: _____                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City: _____                                                                                                                                                                |                                                                                                                                        |
| State: _____ ZIP: _____                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State: _____ ZIP: _____                                                                                                                                                    |                                                                                                                                        |
| Country: _____                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 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

08-29-23

mm/dd/yyyy

Name of Pilot/Operator:

Adam White

Signature:

-- or --

☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

-- or --

☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

ERA23LA350

Reviewed by NTSB Regional Office

ERA

Name of Investigator

D. Boggs

Date Report Received

8/29/23