

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

REPORT Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents

## BASIC INFORMATION

## Accident/Incident Location

Nearest City/Place: Stratford State: CTZIP: 06497 Country: USA

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

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

## Accident/Incident Date/Time

Date: 09/10/2024 Local Time: 16:00

mm/dd/yyyy

Time Zone: ESTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None

## AIRCRAFT INFORMATION

Registration Number: N371WBManufacturer: Brandt, Stirling DModel: WaiteX-BSerial Number: WX80037Year of Manufacture: 2020Amateur-Built: ☒ Yes ☐ No If Yes: ☐ Original Design ☒ Kit/PlansMake: Sonex☐ IFR-Equipped and Certified☐ Commercial Space Flight☐ Unmanned AircraftMaximum Gross Weight: 1150 lbs.Weight at Time of Accident/Incident: 950 lbs.Number of Seats: 2 Flight Crew Seats: 2Cabin Crew Seats: 0 Passenger Seats: 0Number of Engines: 1Category of Aircraft  
(Select one)

- ☒ 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  
☐ Certificate of Authorization or Waiver (COA)  
☐ None
- Special**  
☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Special Flight  
☒ Experimental  
☐ Special Light-Sport  
☐ Experimental Light-Sport  
☐ Unknown

## Landing Gear

(Check all that apply)

- ☐ Retractable  
☐ Tricycle  
☒ Tailwheel  
☐ Emergency Float  
☐ Float  
☐ Amphibian  
☐ Other Launch/Recovery System  
☐ None
- ☐ High Skid  
☐ Skid  
☐ Ski/Wheel  
☐ Hull  
☐ Ski  
☐ 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 | Engine Serial Number | Date of Mfg.<br>(mm/dd/yyyy) | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> Lbs. of Thrust | Total<br>Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|----------------------|------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|---------------------|
| Eng. 1 | Acro Conversions    | AcroVee 21 Turbo    | 0929                 | 06/17/2020                   | 100 hp                                                                                                | 212.6                    | 3.5                                  | 212.6               |
| Eng. 2 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 3 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 4 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |

## Last Inspection Type

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

Date of Last Inspection: 08/04/2024

mm/dd/yyyy

Airframe Total Time: 212.6 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: RT A400 Halon 1211-1306 Cockpit hand held

## Additional Equipment

- ☒ ADS-B  
☐ Airframe Parachute  
☐ Angle of Attack Indicator  
☐ Autopilot  
☐ Autopilot/FMS, Model: \_\_\_\_\_  
☐ Coupled Flight Director  
☐ Data Recorder  
☐ Device Stall Warning System  
☒ Electronic Flight Bag or Handheld Device  
☐ Electronic Multifunction Display  
☒ Electronic Primary Flight Display  
☐ Flight Management System

- ☐ Handheld GPS  
☐ Heads Up Display  
☐ Night Vision Goggles  
☐ Onboard Weather  
☐ Primary Flight Display  
☐ SAS, Axis (circle one): 2, 3, 4, Model: \_\_\_\_\_  
☐ Satellite Tracking Device  
☐ Stall Warning System  
☐ Video Recording Device  
☐ Wire Strike Detection  
☐ Wire Strike Protection  
☐ Other, Specify: \_\_\_\_\_

ELT Installed: ☒ Yes ☐ No If Yes:ELT Manufacturer: ACKModel or Part No.: E-04 ELTTSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)☒ C126 (406 MHz)Was ELT still mounted in aircraft? ☒ Yes ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid ELT activate? ☐ Yes ☒ NoIf activated: Did ELT aid in locating aircraft? ☐ Yes ☐ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery ☐ Expired/Damaged ☐ Unknown

## Propeller 1

- ☒ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: Prince Aircraft CompanyModel: P-Tip 54 X 50

## Propeller 2

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**

Name: Stirling D. Brandt  
 City: Fairfield State: CT  
 ZIP: 06825 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

**Operator of Aircraft**

☒ The Operator is also the Registered Owner

☒ Same address as Registered Owner

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

Doing Business As: \_\_\_\_\_

Air Carrier/Operator Designator (4-character code): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)</li> <li><input type="checkbox"/> Supplemental</li> <li><input type="checkbox"/> Air Cargo</li> <li><input type="checkbox"/> Foreign Air Carriers (FAR 129)</li> <li><input type="checkbox"/> Rotorcraft External Load (FAR 133)</li> <li><input type="checkbox"/> Commuter Air Carrier (FAR 135)</li> <li><input type="checkbox"/> On-Demand Air Taxi (FAR 135)</li> <li><input type="checkbox"/> Commercial Air Tour (FAR 136)</li> <li><input type="checkbox"/> Agricultural Aircraft (FAR 137)</li> <li><input type="checkbox"/> Pilot School (FAR 141)</li> <li><input type="checkbox"/> Certificate of Authorization or Waiver (COA)</li> <li><input type="checkbox"/> Commercial Space Transportation Experimental Permit</li> <li><input type="checkbox"/> Commercial Space Transportation License</li> <li><input type="checkbox"/> Other Operator of Large Aircraft</li> </ul> | <b>Regulation Flight Conducted Under</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> FAR 91    <input type="checkbox"/> FAR 129    <input type="checkbox"/> FAR 415</li> <li><input type="checkbox"/> FAR 103    <input type="checkbox"/> FAR 133    <input type="checkbox"/> FAR 431</li> <li><input type="checkbox"/> FAR 121    <input type="checkbox"/> FAR 135    <input type="checkbox"/> FAR 435</li> <li><input type="checkbox"/> FAR 125    <input type="checkbox"/> FAR 137    <input type="checkbox"/> FAR 437</li> <li><input type="checkbox"/> FAR 450</li> <li><input type="checkbox"/> FAR 91 Special Flight</li> <li><input type="checkbox"/> Non-US, Commercial</li> <li><input type="checkbox"/> Non-US, Non-commercial</li> <li><input type="checkbox"/> Public Aircraft <i>(Select one)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Armed Forces</li> <li><input type="checkbox"/> Federal</li> <li><input type="checkbox"/> State</li> <li><input type="checkbox"/> Local</li> </ul> </li> <li><input type="checkbox"/> Unknown</li> </ul> | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Scheduled or Commuter    <input type="radio"/> Domestic</li> <li><input type="radio"/> Non-Scheduled or Air Taxi    <input type="radio"/> International</li> <li><input type="radio"/> Passenger</li> <li><input type="radio"/> Cargo</li> <li><input type="radio"/> Mail Contract Only</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Purpose of Flight for FAR 91, 103, 133, 137</b> <i>(Select one)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Aerial Application    <input type="radio"/> Firefighting</li> <li><input type="radio"/> Aerial Observation    <input type="radio"/> Flight Test</li> <li><input type="radio"/> Air Drop    <input type="radio"/> Glider Tow</li> <li><input type="radio"/> Air Race/Show    <input type="radio"/> Instructional</li> <li><input type="radio"/> Banner Tow    <input type="radio"/> Other Work Use</li> <li><input type="radio"/> Business    <input checked="" type="radio"/> Personal</li> <li><input type="radio"/> Executive/Corporate    <input type="radio"/> Positioning</li> <li><input type="radio"/> External Load    <input type="radio"/> Skydiving</li> <li><input type="radio"/> Ferry    <input type="radio"/> Unknown</li> </ul> |

**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airport Name:</b> <u>Sikorsky Memorial Airport</u><br><b>Airport Identifier:</b> <u>KBDR</u><br><b>Proximity to Airport:</b> <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Distance From Airport Center:</b> <u>0</u> sm.<br><b>Direction From Airport:</b> _____ degrees true<br><b>Airport Elevation:</b> <u>9</u> ft. MSL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Runway Information</b><br>Runway ID: <u>29</u> Length: <u>4754</u> ft. Width: <u>150</u> ft.<br><b>Runway/Landing Surface</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Asphalt    <input type="checkbox"/> Grass/Turf    <input type="checkbox"/> Ice    <input type="checkbox"/> Snow</li> <li><input type="checkbox"/> Concrete    <input type="checkbox"/> Gravel    <input type="checkbox"/> Macadam    <input type="checkbox"/> Water</li> <li><input type="checkbox"/> Dirt    <input type="checkbox"/> Helideck    <input type="checkbox"/> Metal/Wood    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Elevated Heliport    <input type="checkbox"/> Helistop    <input type="checkbox"/> Off-site landing area</li> </ul>                                                                                        | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Dry    <input type="checkbox"/> Snow-Compacted    <input type="checkbox"/> Water-Calm</li> <li><input type="checkbox"/> Holes    <input type="checkbox"/> Snow-Crusted    <input type="checkbox"/> Water-Choppy</li> <li><input type="checkbox"/> Ice Covered    <input type="checkbox"/> Snow-Dry    <input type="checkbox"/> Water-Glassy</li> <li><input type="checkbox"/> Rough    <input type="checkbox"/> Snow-Wet    <input type="checkbox"/> Wet</li> <li><input type="checkbox"/> Rubber Deposits    <input type="checkbox"/> Soft</li> <li><input type="checkbox"/> Slush-Covered    <input type="checkbox"/> Vegetation    <input type="checkbox"/> Unknown</li> </ul> |
| <b>Approach/Departure Segment</b> <i>(Select one)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Taxi    <input type="radio"/> VFR Departure    <input type="radio"/> On Instrument Approach    <input type="radio"/> Downwind    <input type="radio"/> Low Approach</li> <li><input checked="" type="radio"/> Takeoff    <input type="radio"/> IFR Departure Procedure/Clearance    <input type="radio"/> Landing    <input type="radio"/> Base    <input type="radio"/> Go Around</li> <li><input type="radio"/> Initial Climb    <input type="radio"/> Aborted Landing (after touchdown)</li> <li><input type="radio"/> Crosswind    <input type="radio"/> Unknown</li> </ul>                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>IFR Approach</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> None</li> <li><input type="checkbox"/> ADF/NDB    <input type="checkbox"/> PAR    <input type="checkbox"/> MLS    <input type="checkbox"/> Practice</li> <li><input type="checkbox"/> SDF    <input type="checkbox"/> Sidestep    <input type="checkbox"/> LDA    <input type="checkbox"/> GPS</li> <li><input type="checkbox"/> VOR/TVOR    <input type="checkbox"/> ILS    <input type="checkbox"/> ASR    <input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> VOR/DME    <input type="checkbox"/> Localizer Only    <input type="checkbox"/> Visual</li> <li><input type="checkbox"/> TACAN    <input type="checkbox"/> LOC-back course    <input type="checkbox"/> Contact</li> <li><input type="checkbox"/> RNAV    <input type="checkbox"/> Circling</li> </ul> | <b>VFR Approach</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> None</li> <li><input type="checkbox"/> Traffic Pattern    <input type="checkbox"/> Stop and Go</li> <li><input type="checkbox"/> Straight-In    <input type="checkbox"/> Touch and Go Simulated</li> <li><input type="checkbox"/> Valley/Terrain Following    <input type="checkbox"/> Forced Landing Forced</li> <li><input type="checkbox"/> Go Around    <input type="checkbox"/> Landing Precautionary</li> <li><input type="checkbox"/> Full Stop    <input type="checkbox"/> Landing</li> <li><input type="checkbox"/> Unknown</li> </ul>                                                                                                                                                          |

**"FLIGHT CREWMEMBER 1" INFORMATION****"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

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

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

**"Flight Crewmember 1" Identification**

First Name: Stirling

City of Residence: Fairfield

Middle Initial: D.

State: CT ZIP: 06825

Last Name: Brandt

Country: USA

Age at time of Accident/Incident: 28

Date of Birth: 1996 (mm/dd/yyyy)

Certificate Number:

**Degree of Injury**

☒ None ☐ Serious  
☐ Unknown ☐ Fatal  
☐ Minor

**Seat Occupied**

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

**Restraint Type****Available**

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

**Used**

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

**Inflatable Restraints**

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

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

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

**Supplemental Restraint type:**

**Principal Occupation**

☐ Pilot  
☒ Other  
☐ Unknown

**Medical Certificate**

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

**Medical Certificate Validity**

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

**Date of Last Medical**

08/27/2019  
 mm/dd/yyyy

**Medical Certificate Limitations**

not valid for night flying or by color signal control

**Medical Certificate Special Limitations****Personal Flight Equipment (Check all that apply)**

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves  
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other:

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

01/12/2024  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: Brandt, Stirling D. (Sovex Kit)  
 Model: waicx - B

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

☒ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

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

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

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

☐ None  
☒ Airplane  
☐ Helicopter  
☐ Powered Lift

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

☐ None  
☐ Airplane Single-Engine  
☐ Airplane Multiengine  
☐ Gyroplane  
☐ Powered lift

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

**Type Ratings and Applicable Logbook Endorsements**

Tailwheel Endorsement 5/4/2018

**Student Endorsements (Include dates)**

| Flight Time (Enter hours for each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air | Multi-engine Rotorcraft | Tail-wheel |
|----------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|-------------------------|------------|
|                                        |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |                         |            |
| Total Time                             | 386.8        | 212.7             | 385.7                  | 0                    | 30.2  | 1.1        | 22.1      | 0.8        | 0.3    | 0                | 0                       | 239.7      |
| Pilot in Command (PIC)                 | 325.4        | 212.7             | 325.4                  | 0                    | 25.2  | 1.1        | 22.1      | 0          | 0      | 0                | 0                       | 239.7      |
| Time as Instructor                     | 0            | 0                 | 0                      | 0                    | 0     | 0          | 0         | 0          | 0      | 0                | 0                       | 0          |
| This Make/Model                        |              |                   |                        |                      |       | 0          | 0         |            |        |                  |                         |            |
| Last 90 Days                           | 3.6          | 3.6               | 3.6                    | 0                    | 0     | 0          | 0         | 0          | 0      | 0                | 0                       | 3.6        |
| Last 30 Days                           | 2.8          | 2.8               | 2.8                    | 0                    | 0     | 0          | 0         | 0          | 0      | 0                | 0                       | 2.8        |
| Last 24 Hours                          | 0            | 0                 | 0                      | 0                    | 0     | 0          | 0         | 0          | 0      | 0                | 0                       | 0          |

**"FLIGHT CREWMEMBER 2" INFORMATION****"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**
☐ Captain ☐ First Officer ☐ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew

**"Flight Crewmember 2" was pilot flying** ☐ Yes ☐ No
**"Flight Crewmember 2" Identification**

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

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

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

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

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

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

Age at time of Accident/Incident: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

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

| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Serious<br><input type="radio"/> Unknown <input type="radio"/> Fatal<br><input type="radio"/> Minor                                                                                                                                                                                                                                                                                              |                                | <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 border="0"> <tr> <th>Available</th> <th>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 type="radio"/> 3-point</td> <td><input 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 type="radio"/> 3-point | <input 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 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 type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input 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 type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial<br><input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational<br><input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Sport<br><input type="checkbox"/> Student <input type="checkbox"/> Flight Engineer |                                |                                                                                                                                                                                                                                                  |  | <b>Supplemental Restraint type:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                 |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |  |
| <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 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>Medical Certificate Limitations</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                  |  | <b>Medical Certificate Special Limitations</b><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                 |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                                                                                                                                                                                                |  |

**Personal Flight Equipment** (Check all that apply)
☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves  
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: \_\_\_\_\_

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

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

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

|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><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><br>(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><br>(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><br>(Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multiengine<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 type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Type Ratings and Applicable Logbook Endorsements****Student Endorsements** (Include dates)

| Flight Time (Enter hours for each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air | Multi-engine Rotorcraft | Tail-wheel |
|----------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|-------------------------|------------|
|                                        |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |                         |            |
| Total Time                             |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Pilot in Command (PIC)                 |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Time as Instructor                     |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 90 Days                           |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 30 Days                           |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 24 Hours                          |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |

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

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Injury                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____ | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                                   | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |
| <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>Restraint Type</b><br>Available    Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br><input type="radio"/> Supplemental.<br>Restraint type: _____ | <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><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                               |                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                |

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Injury                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____ | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                                   | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal Locator Beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |
| <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>Restraint Type</b><br>Available    Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br><input type="radio"/> Supplemental.<br>Restraint type: _____ | <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><br><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.)

| Number of Passengers _____                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Seat                                                                                                                                     | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inflatable Restraints                                                                                                                                                                          | Age                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Passenger Information</b><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                      | <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 | Available    Used<br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown<br><input type="radio"/> Supplemental.<br>Restraint type: _____ | <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 years,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <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<br><input type="radio"/> Supplemental.<br>Restraint type: _____ | <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 years,<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><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <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<br><input type="radio"/> Supplemental.<br>Restraint type: _____ | <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 years,<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><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <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<br><input type="radio"/> Supplemental.<br>Restraint type: _____ | <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 years,<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                           | Flight Information                                | Destination                                                                                  | Type Flight Plan Filed                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Airport ID: <u>KBDR</u><br>City: <u>Stratford</u><br>State: <u>CT</u><br>Country: <u>USA</u> | Time: <u>16:00</u><br>Time Zone: <u>EST</u> | Flight Number: _____<br>Operating as Flight _____ | Airport ID: <u>KBDR</u><br>City: <u>Stratford</u><br>State: <u>CT</u><br>Country: <u>USA</u> | <input checked="" type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br><input type="radio"/> VFR/IFR<br><input type="radio"/> IFR<br><input type="radio"/> Unknown<br>Activated? <input type="radio"/> Yes <input type="radio"/> No<br><input type="radio"/> Unknown |

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

☒ VFR

☐ Special VFR

☐ IFR

☐ None

☐ Special IFR

☐ VFR On Top

☐ VFR Flight Following

☐ Traffic Advisory

☐ Cruise

☐ Unknown / NA
**Type of ATC Clearance/Service (Check all that apply)**
☐ Class A

☐ Class B

☐ Class C

☒ Class D

☐ Class E

☐ Class G

☐ Demo Area

☐ Warning Area

☐ Prohibited Area

☐ Restricted Area

☐ Military Operations Area (MOA)

☐ Airport Advisory Area

☐ Jet Training Area

☐ TRSA

☐ FAR 93

☐ Special

☐ Air Traffic Control Area

☐ Unknown
**Altitude of In-Flight Occurrence:**

9' ft.

MSL

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE****Source of Pilot Weather Information**

(Check all that apply)

☐ National Weather Service

☐ Flight Service Station

☐ TV/Radio

☒ Automated Report

☐ Electronic Flight Bag-Application:

☐ Company

☐ Military

☐ Internet

☐ None

☐ Unknown

☐ On-Board Weather
**Weather Observation Facility**Facility ID: KBDRObservation Time: 16:00 INFORMATION FTime Zone: ESTDistance from Accident Site: 0 nm

Direction from Accident Site: \_\_\_\_\_ degrees true

**Basic Conditions**
☒ VMC

☐ IMC

☐ Unknown
**Lowest Cloud Condition****Height**

\_\_\_\_\_ ft. AGL

**Light Condition**
☐ Dawn

☒ Day

☐ Dusk

☐ Night

☐ Dark Night

☐ Bright Night

☐ Unknown
**Sky/Lowest Cloud Condition**
☒ Clear

☐ Few

☐ Partial

☐ Obscuration

☐ Scattered

☐ Thin Broken

☐ Thin Overcast

☐ Unknown
**Ceiling**
☒ None (Clear)

☐ Broken

☐ Overcast

☐ Obscured

☐ Indefinite

☐ Unknown
**Ceiling Height**

\_\_\_\_\_ ft. AGL

Temperature: \_\_\_\_\_ (°C) or 78 (°F)Dewpoint: \_\_\_\_\_ (°C) or 45 (°F)Altimeter Setting: 30.05

Hg

or

mb

**Wind Direction**
☐ Variable
Direction: 340

degrees true

**Wind Speed**
☐ Calm

☐ Light and Variable
Speed: 12 kts

or

**Wind Gusts**
☐ Not Gusting

or

Speed: 16 kts**Visibility**\_\_\_\_\_ 10 miles

RVR: \_\_\_\_\_ feet

RVV: \_\_\_\_\_ miles

Destiny Altitude: \_\_\_\_\_ ft.

**Type of Precipitation (Check all that apply)**
☒ None

☐ Rain

☐ Snow

☐ Hail

☐ Rain Showers

☐ Drizzle

☐ Ice Pellets

☐ Snow Pellets

☐ Snow Grains

☐ Ice Crystals

☐ Freezing Rain

☐ Snow Shower

☐ Ice Pellets Shower

☐ Freezing Drizzle
**Restriction to Visibility (Check all that apply)**
☒ None

☐ Blowing Dust

☐ Blowing Sand

☐ Blowing Snow

☐ Blowing Spray

☐ Dust

☐ Fog

☐ Ground Fog

☐ Haze

☐ Ice Fog

☐ Smoke

☐ Unknown
**Icing Forecast****Amount**
☒ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

☐ Unknown
**Type**
☐ ON/A

☐ Rime

☐ Clear

☐ Mixed

☐ Unknown
**Intensity of Precipitation**
☐ Light

☐ Moderate

☐ Heavy

☐ ON/A

☐ Unknown
**Icing Actual****Amount**
☐ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

☐ Unknown
**Type**
☐ ON/A

☐ Rime

☐ Clear

☐ Mixed

☐ Unknown
**Turbulence (Check all that apply)****Type**
☒ None

☐ Clean Air

☐ Terrain-Induced

☐ Convective

Turbulence

**Severity**
☐ Light

☐ Moderate

☐ Severe

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

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- ☐ None  
☒ Minor  
☐ Substantial  
☐ Destroyed  
☐ Unknown

**Aircraft Fire**

- ☒ None  
☐ In-Flight  
☐ On-Ground  
☐ Both Ground and In-Flight  
☐ Fire at Unknown Time  
☐ Unknown

**Aircraft Explosion**

- ☒ None  
☐ In-Flight  
☐ On-Ground  
☐ Both Ground and In-Flight  
☐ Fire at Unknown Time  
☐ Unknown

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

The Right wing contacted the taxiway E Sign. The leading edge skin has a dent mid span, and the fiberglass wheel pant (R) had a crack. The taxiway sign was tipped over.

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

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

At around 4pm (9/10/24) I started up on the south ramp in my Sonex (N371WB). I recall the weather information Foxtrot reported the winds at ~340° and gusting up to 16kts, with runway 29 active. I taxied to RWY 29 at taxiway A and waited for a Cessna on final to land and continue climbing out in the pattern. After being cleared to take off 29, I turned onto the runway and applied full power. I could feel a sudden strong crosswind from the right, causing the plane to vane into the wind. With full left rudder input, I could not keep the plane on the centerline. After 2-3seconds I pulled power back to idle and applied full breaks to abort the takeoff. The tail continued to be pushed by the crosswind, causing the nose to slowly veer right, even with full left rudder. I could feel the tailwheel skidding on the pavement, despite full back elevator to pin the tailwheel down. The plane had nearly come to a stop, but the right wing clipped the taxiway sign before the taxiway E turnoff. Seeing that only the wing had made contact, I proceeded to taxi back to the South ramp and parked the plane. I had a conversation with the ground operations and provided a copy of my license when requested.

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

**MECHANICAL MALFUNCTION/FAILURE** (If more space is needed, continue on a separate sheet.)Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/ Cycles On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

Time Since This Part Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

13 Gallons

Fuel Type

☒ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☐ Other, specify \_\_\_\_\_

Other Services, if any, prior to departure:

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

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

Aircraft was taxied back to its tiedown on the South ramp, pilot exited by opening the canopy normally and exiting over the left wing as usual.

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

Aircraft Registration Number

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

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

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

Registered Owner of Other Aircraft

Pilot of Other Aircraft

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

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

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

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

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

**ADDITIONAL INFORMATION** (Additional space for answers to any question.)

By signing this form, I am consenting to the public release of the information provided herein.

Date of this report:

09/16/2024

mm/dd/yyyy

Name of Pilot/Operator: Stirling Brandt

Signature: [REDACTED]

-or- ☐ Check here to electronically sign this document

If a person other than Pilot/Operator is filing this report

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

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

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

-or- ☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

| NTSB Accident/Incident No. | Reviewed by NTSB AS Division | Name of Investigator | Date Report Received |
|----------------------------|------------------------------|----------------------|----------------------|
| ERA24LA378                 | ERA                          | Ryan Enders          | Sept. 17, 2024       |