

"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

*Passenger of Flight

"Flight Crewmember 2" Identification

First Name: Thomson

City of Residence: Doylestown

Middle Initial: W

State: PA

ZIP: 18102

Last Name: Jauer

Country: United States

Age at time of Accident/Incident: 26

Date of Birth: (mm/dd/yyyy)

Certificate Number:

Degree of Injury ☐ None ☒ Serious ☐ Unknown ☐ Fatal ☐ Minor	Seat Occupied ☐ Left ☒ Front ☐ Unknown ☒ Right ☐ Rear ☐ Center ☐ Single	Restraint Type <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>☐ None</td> <td>☐ None</td> </tr> <tr> <td>☐ Lap only</td> <td>☐ Lap only</td> </tr> <tr> <td>☒ 3-point</td> <td>☒ 3-point</td> </tr> <tr> <td>☐ 4-point</td> <td>☐ 4-point</td> </tr> <tr> <td>☐ 5-point</td> <td>☐ 5-point</td> </tr> <tr> <td>☐ Unknown</td> <td>☐ Unknown</td> </tr> </table>	Available	Used	☐ None	☐ None	☐ Lap only	☐ Lap only	☒ 3-point	☒ 3-point	☐ 4-point	☐ 4-point	☐ 5-point	☐ 5-point	☐ Unknown	☐ Unknown	Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Available	Used																
☐ None	☐ None																
☐ Lap only	☐ Lap only																
☒ 3-point	☒ 3-point																
☐ 4-point	☐ 4-point																
☐ 5-point	☐ 5-point																
☐ Unknown	☐ 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, specify: <u> </u>															
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown	Medical Certificate ☐ None ☐ Class 3 ☐ Unknown ☒ Class 1 ☐ BasicMed ☐ Class 2 ☐ Driver's License (Sport Pilot Only)	Medical Certificate Validity ☒ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	Date of Last Medical <u>03/12/2024</u> mm/dd/yyyy														
Medical Certificate Limitations <u> </u>		Medical Certificate Special Limitations <u> </u>															

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: 10/25/2024
mm/dd/yyyy

Flight Review Aircraft

Make: Embraer

Model: 170-200LR

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 ☒ Instrument Airplane ☒ Airplane Single-Engine ☐ Instrument Helicopter ☒ Airplane Multiengine ☐ Helicopter ☐ Gyroplane ☐ Glider ☐ Powered lift ☐ Sport
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Type Ratings and Applicable Logbook Endorsements

ERS-170 High Performance
 ERS-140 Complex

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	1537	0	1220 1374	217 163	110	59	58	0	0	0	0	0
Pilot in Command (PIC)	1390	0	1320	70	96	49	-	0	0	0	0	0
Time as Instructor	749	0	744	5	-	-	-	0	0	0	0	0
This Make/Model					0	0	0					
Last 90 Days	48	0	0	48	10	10	0	0	0	0	0	0
Last 30 Days	48	0	0	48	10	10	0	0	0	0	0	0
Last 24 Hours	0	0	0	0	0	0	0	0	0	0	0	0

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

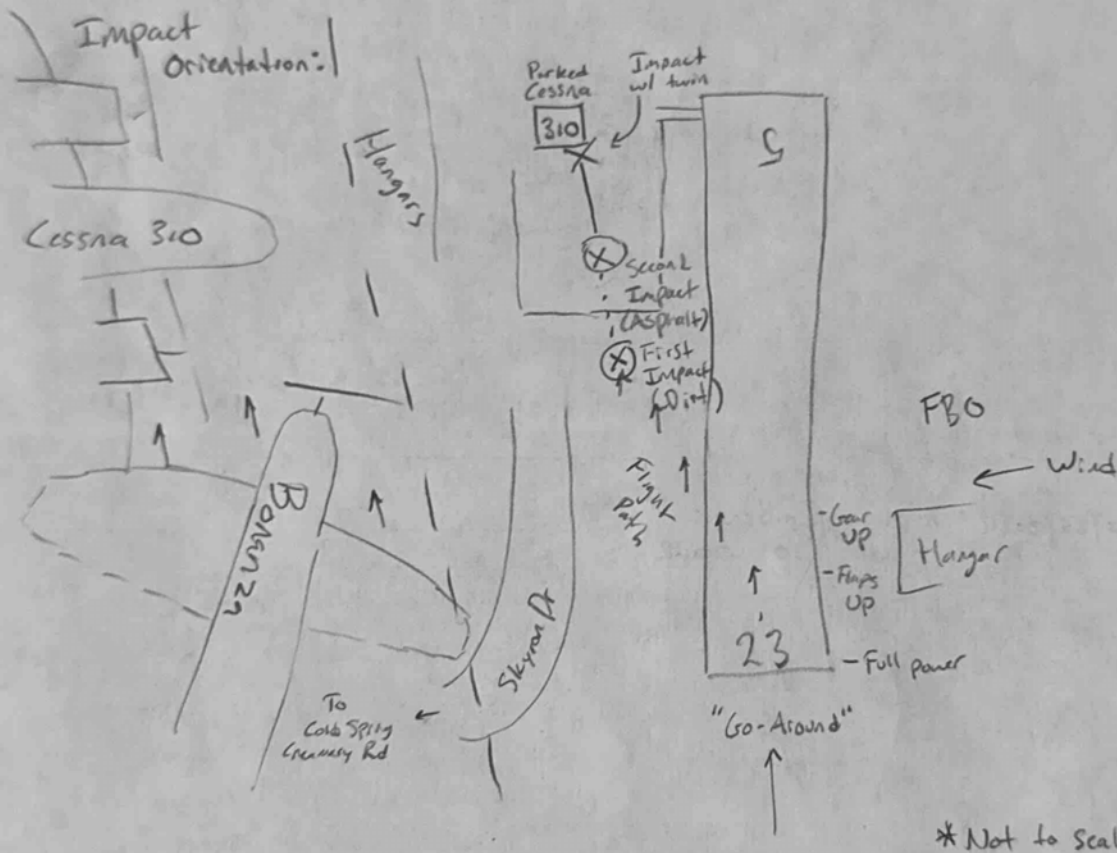
Description of Damage to Aircraft and Other Property (Use additional sheet, if necessary.)

Plane (8152R) likely totaled, Cessna 310 probably totaled.
Multiple lacerations to passengers
Superficial damage to ramp area and grass near ramp

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.

* Submitted PDF attached



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