

## NATIONAL TRANSPORTATION SAFETY BOARD (NTSB) Form 6120.1 PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

A blank version of this form, instructions for when to complete it, and information for how to return it are available at <https://www.ntsb.gov/Pages/aviationreport.aspx>. Forms may be returned via e-mail to [notify@ntsb.gov](mailto:notify@ntsb.gov) or via post mail to NTSB, Office of Aviation Safety, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594. Completed forms should be returned within 10 days after an accident for which notification is required by 49 CFR § 830.5, or after 7 days if an overdue aircraft is still missing. An aircraft accident, as defined in 49 CFR § 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft.

For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations require that **ALL** questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. **The NTSB does not guarantee the privacy of any information provided in this form. Accordingly, the information provided herein may be subject to public release.** You need not complete this form unless it displays a valid OMB control number. See 5 C.F.R. § 1320.5(b).

### DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person

boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death or serious injury, or in which the aircraft receives substantial damage. The definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR § 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairings or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within 30 days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization or more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

### INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

ALL questions must be answered completely and accurately.

If more space is needed, continue on a blank sheet of paper.

*Nearest City/Place:* Use the name of the nearest community in the state where the accident/incident occurred.

*Date/Time:* Indicate the date, local time of the event, and time zone.

*Phase of Operation:* Indicate the phase of operation during which the accident/incident occurred.

*Aircraft Information:* Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans.

*Maximum Gross Weight:* Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

*Engine:* Enter engine make and model information as indicated on the engine data plate.

*Type of Fire Extinguishing System:* If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

*Owner/Operator Information:* Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

*Revenue Sightseeing Flight:* Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

*Air Medical Flight:* Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

*Public Aircraft:* Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, Federal, state, or local government.

*Purpose of Flight:* 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

**AERIAL APPLICATION**—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

**AERIAL OBSERVATION**—These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

**AIR DROP**—Aerial operations, other than aerial application, that are intended to release items in flight.

**AIR RACE/SHOW**—Includes any flight operations conducted as part of an organized air race or public demonstration.

**BUSINESS**—includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

**EXECUTIVE/CORPORATE**—Company flying with a paid professional crew.

**FERRY**—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR § 21.197 for details of special flight permit issuance.

**FLIGHT TEST**—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

**INSTRUCTIONAL**—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by Federal air regulations, are excluded.

**OTHER WORK USE**—Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

**PERSONAL**—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

**POSITIONING**—Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo, etc.

**UNKNOWN**—Use only if the primary purpose of flight is not known.

**Other Aircraft—Collision:** For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

**Airport Information:** Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Chart Supplement or other official source for airport information.

**Airport Identifier:** Provide the official 3 or 4 character airport identifier number.

**Runway:** Indicate the number of the runway used—including L, R, or C, if applicable.

**Runway/Landing Surface:** Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

**Condition of Runway/Landing Surface:** Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

**Weather Information at the Accident/Incident Site:** Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

**Sky/Lowest Cloud Condition:** Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

**NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs:** Describe all NOTAMS (distant (D) or Flight Data Center (FDC), if known), AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

**Flight Crewmember Information:** Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

**Degree of Injury:** See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

**Date of Last Flight Review or Equivalent:** Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

**Type Ratings:** List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR § 61 for examples of required endorsements.

**Student Endorsements:** If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

**Flight Time:** Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

**Additional Flight Crewmembers:** Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

**Passenger(s)/Other Personnel:** Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

| <b>NATIONAL TRANSPORTATION SAFETY BOARD</b><br><b>PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT</b><br><b>This form is to be used for reporting civil and public aircraft accidents and incidents</b>                                                                                                                                                                                                                                                                                                            |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                                                                   |                    |                                   |                  |
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| <b>BASIC INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                                                                   |                    |                                   |                  |
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Deland FL</u> State: _____<br>ZIP: _____ Country: _____<br>Latitude: _____ Longitude: _____<br>(Enter in decimal degrees or degrees:minutes:seconds)                                                                                                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       | <b>Accident/Incident Date/Time</b><br>Date: <u>12/08/2025</u> Local Time: <u>2pm</u><br>mm/dd/yyyy<br>Time Zone: <u>Eastern</u><br>Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                                                                   |                    |                                   |                  |
| <b>AIRCRAFT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                                                                   |                    |                                   |                  |
| Registration Number: <u>N64859</u><br>Manufacturer: <u>Cessna</u><br>Model: <u>172P</u><br>Serial Number: _____<br>Year of Manufacture: _____<br>Amateur-Built: <input type="radio"/> Yes <input type="radio"/> No If yes: <input type="radio"/> Original Design <input type="radio"/> Kit/Plans Make: _____                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       | IFR-Equipped and Certified<br><input type="checkbox"/> Commercial Space Flight<br><input type="checkbox"/> Unmanned Aircraft<br>Maximum Gross Weight: <u>2400</u> lbs.<br>Weight at Time of Accident/Incident: <u>2200</u> lbs.<br>Number of Seats: <u>4</u> Flight Crew Seats: <u>2</u><br>Cabin Crew Seats: <u>2</u> Passenger Seats: _____<br>Number of Engines: <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                                                                   |                    |                                   |                  |
| <b>Category of Aircraft</b><br>(Select one)<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Blimp/Dirigible<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Rocket<br><input type="checkbox"/> Ultralight<br><input type="checkbox"/> Unknown                                                                  |       | <b>Type of Airworthiness Certificate</b><br>(Check all that apply)<br>Standard<br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Acrobatic<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Commuter<br><input type="checkbox"/> Transport<br><input type="checkbox"/> Utility<br>Special<br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Light-Sport<br><input type="checkbox"/> Experimental Light-Sport<br><input type="checkbox"/> Certificate of Waiver or Authorization (COA)<br><input type="checkbox"/> None <input type="checkbox"/> Unknown |       | <b>Landing Gear</b><br>(Check all that apply)<br><input type="checkbox"/> Retractable<br><input checked="" type="checkbox"/> Tricycle<br><input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Emergency Float<br><input type="checkbox"/> Float<br><input type="checkbox"/> Amphibian<br><input type="checkbox"/> Other Launch/Recovery System<br><input type="checkbox"/> None <input type="checkbox"/> Unknown<br><input type="checkbox"/> High Skid<br><input type="checkbox"/> Skid<br><input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Hull<br><input type="checkbox"/> Ski                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | <b>Engine Type</b><br>(Select one)<br><input checked="" type="checkbox"/> Reciprocating<br><input type="checkbox"/> Turbo Shaft<br><input type="checkbox"/> Turbo Prop<br><input type="checkbox"/> Turbo Jet<br><input type="checkbox"/> Turbo Fan<br><input type="checkbox"/> Electric<br><input type="checkbox"/> Liquid Rocket<br><input type="checkbox"/> Solid Rocket<br><input type="checkbox"/> Hybrid Rocket<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown<br><b>Fuel System Type (Reciprocating)</b><br><input type="checkbox"/> Carburetor <input type="checkbox"/> Fuel Injected |                           |                                                                                                                                                                                                                                   |                    |                                   |                  |
| Eng 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Eng 2 | Eng 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Eng 4 | Engine Manufacturer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Engine Model/Serial | Engine Serial Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date of Mfg. (mm/dd/yyyy) | Rated Power<br>Horsepower or<br>Lbs. of Thrust                                                                                                                                                                                    | Total Time (hours) | Time Since:<br>Inspection (hours) | Overhaul (hours) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       | Lycoming                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 030 D2j             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | 160                                                                                                                                                                                                                               |                    |                                   | 517              |
| <b>Last Inspection Type</b><br><input type="radio"/> 100-Hour<br><input type="radio"/> AAIP<br><input checked="" type="radio"/> Annual<br><input type="radio"/> Continuous Airworthiness<br><input type="radio"/> Condition Inspection<br><input type="radio"/> Unknown<br>Date of Last Inspection: (mm/dd/yyyy) <u>12/20/2024</u><br>Airframe Total Time: <u>13155</u> hours<br>Hours measured at (Select one)<br><input checked="" type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       | <b>Additional Equipment</b><br><input checked="" type="checkbox"/> ADS-B<br><input type="checkbox"/> Airframe Parachute<br><input type="checkbox"/> Angle of Attack Indicator<br><input checked="" type="checkbox"/> Autopilot<br><input checked="" type="checkbox"/> Autopilot/FMS, Model: <u>Garmin</u><br><input type="checkbox"/> Coupled Flight Director<br><input type="checkbox"/> Data Recorder<br><input type="checkbox"/> Device Stall Warning System<br><input type="checkbox"/> Electronic Flight Bag or Handheld Device<br><input type="checkbox"/> Electronic Multifunction Display<br><input checked="" type="checkbox"/> Electronic Primary Flight Display<br><input type="checkbox"/> Flight Management System<br><input type="checkbox"/> Handheld GPS<br><input type="checkbox"/> Heads Up Display<br><input type="checkbox"/> Night Vision Goggles<br><input type="checkbox"/> Onboard Weather<br><input type="checkbox"/> Primary Flight Display<br><input type="checkbox"/> SAS, Axis (circle one): 2, 3, 4, Model: _____<br><input type="checkbox"/> Satellite Tracking Device<br><input type="checkbox"/> Stall Warning System<br><input type="checkbox"/> Video Recording Device<br><input type="checkbox"/> Wire Strike Detection<br><input type="checkbox"/> Wire Strike Protection<br><input type="checkbox"/> Other, Specify: _____ |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                                                                   |                    |                                   |                  |
| <b>Type of Maintenance Program (Select one)</b><br><input checked="" type="radio"/> Annual<br><input type="radio"/> Conditional (Amateur-built only)<br><input type="radio"/> Manufacturer's Inspection Program<br><input type="radio"/> Other Approved Inspection Program<br><input type="radio"/> (AAIP) Continuous Airworthiness                                                                                                                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       | <b>ELT Installed</b> <input checked="" type="checkbox"/> Yes <input type="radio"/> No If yes:<br>ELT Manufacturer: <u>Cessna</u><br>Model or Part No.: _____<br>TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz)<br><input type="radio"/> C126 (406 MHz)<br>Was ELT still mounted in aircraft? <input checked="" type="checkbox"/> Yes <input type="radio"/> No<br>Was ELT still connected to antenna? <input checked="" type="checkbox"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | <b>Propeller 1</b><br><input checked="" type="radio"/> Fixed Pitch<br><input type="radio"/> Controllable Pitch<br><input type="radio"/> Ground Adjustable<br>Manufacturer: _____<br>Model: <u>McClellan</u><br><b>Propeller 2</b> |                    |                                   |                  |



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| <b>IFR Approach (Check all that apply)</b><br><input type="checkbox"/> None<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ADF/NDB<br/> <input type="checkbox"/> SDF<br/> <input type="checkbox"/> VOR/TVOR<br/> <input type="checkbox"/> VOR/DME<br/> <input type="checkbox"/> TACAN         </div> <div> <input type="checkbox"/> PAR<br/> <input type="checkbox"/> Sidestep<br/> <input type="checkbox"/> ILS<br/> <input type="checkbox"/> Localizer Only<br/> <input type="checkbox"/> LOC-back course<br/> <input type="checkbox"/> RNAV         </div> <div> <input type="checkbox"/> MLS<br/> <input type="checkbox"/> LDA<br/> <input type="checkbox"/> ASR<br/> <input type="checkbox"/> Visual<br/> <input type="checkbox"/> Contact<br/> <input type="checkbox"/> Circling         </div> <div> <input type="checkbox"/> Practice<br/> <input checked="" type="checkbox"/> GPS<br/> <input type="checkbox"/> Unknown         </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>VFR Approach (Check all that apply)</b><br><input checked="" type="checkbox"/> None<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Traffic pattern<br/> <input type="checkbox"/> Straight-in<br/> <input type="checkbox"/> Valley/Terrain Following<br/> <input type="checkbox"/> Go Around<br/> <input type="checkbox"/> Full Stop         </div> <div> <input type="checkbox"/> Stop and Go<br/> <input type="checkbox"/> Touch and Go<br/> <input type="checkbox"/> Simulated Forced Landing<br/> <input type="checkbox"/> Forced landing<br/> <input type="checkbox"/> Precautionary Landing<br/> <input type="checkbox"/> Unknown         </div> </div>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>"FLIGHT CREWMEMBER 1" INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input type="checkbox"/> Captain <input type="checkbox"/> First Officer <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Co-Pilot <input type="checkbox"/> Student Pilot <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Check Pilot <input type="checkbox"/> Flight Engineer <input type="checkbox"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>"Flight Crewmember 1" was pilot flying</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>"Flight Crewmember 1" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: <span style="background-color: black; color: black;">[REDACTED]</span><br/>           Middle Initial: <span style="background-color: black; color: black;">[REDACTED]</span><br/>           Last Name: <span style="background-color: black; color: black;">[REDACTED]</span><br/>           Age at time of Accident/Incident: <u>50</u> </div> <div>           City of Residence: <u>New Smyrna Beach</u><br/>           State: <u>FL</u>   Zip: <u>32168</u><br/>           Country: <u>U.S.</u><br/>           Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> (mm/dd/yyyy)<br/>           Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span> </div> </div>                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Degree of Injury</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Seat Occupied</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Left<br/> <input checked="" type="checkbox"/> Right<br/> <input type="checkbox"/> Center         </div> <div> <input type="checkbox"/> Front<br/> <input type="checkbox"/> Rear<br/> <input type="checkbox"/> Single         </div> <div> <input type="checkbox"/> Unknown         </div> </div>                             | <b>Restraint Type</b><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="checkbox"/> None<br/> <input checked="" type="checkbox"/> Lap only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown         </div> <div> <b>Used</b><br/> <input type="checkbox"/> None<br/> <input checked="" type="checkbox"/> Lap only<br/> <input type="checkbox"/> 3-point<br/> <input type="checkbox"/> 4-point<br/> <input type="checkbox"/> 5-point<br/> <input type="checkbox"/> Unknown         </div> </div> <input type="checkbox"/> Supplemental Restraint type: _____ | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                  |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input type="checkbox"/> US Military<br><input checked="" type="checkbox"/> Airline Transport<br><input type="checkbox"/> Student<br><input checked="" type="checkbox"/> Flight Instructor<br><input type="checkbox"/> Private<br><input type="checkbox"/> Foreign<br><input type="checkbox"/> Flight Engineer<br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Recreational<br><input type="checkbox"/> Sport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers<br><input checked="" type="checkbox"/> With limitations/waivers<br><input type="checkbox"/> Special Issuance<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Principle Occupation</b><br><input type="checkbox"/> Pilot<br><input checked="" type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Medical Certificate</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input checked="" type="checkbox"/> Class 1<br/> <input type="checkbox"/> Class 2<br/> <input type="checkbox"/> Class 3         </div> <div> <input type="checkbox"/> BasicMed<br/> <input type="checkbox"/> Driver's License (Sport Pilot only)<br/> <input type="checkbox"/> Unknown         </div> </div> | <b>Date of Last Medical</b><br><u>04/23/2024</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Medical Certificate Limitations</b><br><b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles<br><b>Date of Last Flight Review Or Equivalent, Including FAR 121/135 Checks:</b><br><u>11/20/2024</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Medical Certificate Special Limitations</b><br><input checked="" type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Airplane Rating(s) (Check all that apply)</b><br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input checked="" type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Other Aircraft Rating(s) (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Airship <input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Balloon <input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane                                                                                                                       | <b>Instrument Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Instructor Rating(s) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane Single-Engine<br><input checked="" 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 |
| <b>Type Ratings and Applicable Logbook Endorsements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Student Endorsements (Include dates)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| Flight Time<br>(Enter hours<br>for each box) | All<br>Aircraft | This<br>Make<br>&<br>Model | Airplane<br>Single<br>Engine | Airplane<br>Multi-<br>engine | Night | Instrument |           | Rotorcraft | Glider | Lighter<br>Than<br>Air | Multi-<br>engine<br>Rotorcraft | Tail-<br>wheel |
|----------------------------------------------|-----------------|----------------------------|------------------------------|------------------------------|-------|------------|-----------|------------|--------|------------------------|--------------------------------|----------------|
|                                              |                 |                            |                              |                              |       | Actual     | Simulated |            |        |                        |                                |                |
| Total Time                                   | 16000           | 4000                       | 4500                         | 1150                         | 3000  | 600        | 200       |            |        |                        |                                |                |
| Pilot-in-<br>Command                         | 12000           | 3500                       | 4000                         | 7000                         | 1800  | 500        | 100       |            |        |                        |                                |                |
| Time as<br>Instructor                        | 5000            | 3000                       | 3500                         | 4000                         | 2500  | 100        | 100       |            |        |                        |                                |                |
| This<br>Make/Model                           |                 |                            |                              |                              |       |            |           |            |        |                        |                                |                |
| Last 90 Days                                 | 40              | 20                         | 20                           | 20                           | 2     |            |           |            |        |                        |                                |                |
| Last 30 Days                                 | 5               | 5                          | 5                            | 4                            | 1     |            |           |            |        |                        |                                |                |
| Last 24 Hrs.                                 |                 |                            |                              |                              |       |            |           |            |        |                        |                                |                |

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

| Degree of<br>Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Seat Occupied                                                                                                                                                                                                                                                                                              | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inflatable Restraints                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> None<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single                                                                           | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown<br><b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> 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 |
| <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 |                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Supplemental Restraint type: _____                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy                                                                                                                                                |
| <b>Principle<br/>Occupation</b><br><input type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                      | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> BasicMed<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License<br>(Sport Pilot only)<br><input type="checkbox"/> Class 2<br><input type="checkbox"/> Class 3 <input type="checkbox"/> Unknown | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> Unknown<br><input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A<br><input type="checkbox"/> Special Issuance                                                                                                                                                                                                                 |                                                                                                                                                                                                |

**Medical Certificate Limitations**

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

**Medical Certificate Special Limitations**

**Date of Last Flight Review  
Or Equivalent, Including  
FAR 121/135 Checks:** \_\_\_\_\_

**Flight Review Aircraft**  
 Make: \_\_\_\_\_  
 Model: \_\_\_\_\_

**mm/dd/yyyy**

| Airplane Rating(s)<br>(Check all that apply)                                                                                                                                       | Other Aircraft Rating(s)<br>(Check all that apply)                                                                                                                                                                 | Instrument Rating(s)<br>(Check all that apply)                                                                                                     | Instructor Rating(s)<br>(Check all that apply)                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 | <input type="checkbox"/> None <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Airship <input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider | <input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <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"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider |

| Type Ratings and Applicable Logbook Endorsements                                                              |                 |                            |                              |                              |       | Student Endorsements (Include dates) |           |           |        |                        |                               |                |
|---------------------------------------------------------------------------------------------------------------|-----------------|----------------------------|------------------------------|------------------------------|-------|--------------------------------------|-----------|-----------|--------|------------------------|-------------------------------|----------------|
| <input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered lift<br><input type="checkbox"/> Sport |                 |                            |                              |                              |       |                                      |           |           |        |                        |                               |                |
| Flight Time<br>(Enter hours<br>for each box)                                                                  | All<br>Aircraft | This<br>Make<br>&<br>Model | Airplane<br>Single<br>Engine | Airplane<br>Multi-<br>engine | Night | Instrument                           |           | Rotacraft | Glider | Lighter<br>Than<br>Air | Multi-<br>engine<br>Rotacraft | Tail-<br>wheel |
|                                                                                                               |                 |                            |                              |                              |       | Actual                               | Simulated |           |        |                        |                               |                |
| Total Time                                                                                                    |                 |                            |                              |                              |       |                                      |           |           |        |                        |                               |                |
| Pilot-in-<br>Command                                                                                          |                 |                            |                              |                              |       |                                      |           |           |        |                        |                               |                |
| Time as<br>Instructor                                                                                         |                 |                            |                              |                              |       |                                      |           |           |        |                        |                               |                |
| This<br>Make/Model                                                                                            |                 |                            |                              |                              |       |                                      |           |           |        |                        |                               |                |
| Last 90 Days                                                                                                  |                 |                            |                              |                              |       |                                      |           |           |        |                        |                               |                |
| Last 30 Days                                                                                                  |                 |                            |                              |                              |       |                                      |           |           |        |                        |                               |                |
| Last 24 Hrs.                                                                                                  |                 |                            |                              |                              |       |                                      |           |           |        |                        |                               |                |

  

**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) <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/goggles <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) <div style="display: flex; justify-content: space-between;"> <div> <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           </div> <div> <b>Restraint Type</b><br/> <table border="1" style="width: 100%; border-collapse: collapse;"> <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> <tr> <td colspan="2"><input type="radio"/> Supplemental. Restraint type: _____</td> </tr> </table> </div> </div> |                                |                                                                            |  |                                                                                                                                                                                                                |                                                                                                                                                            | 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 | <input type="radio"/> Supplemental. Restraint type: _____ |  |
| 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  |                                                                            |  |                                                                                                                                                                                                                |                                                                                                                                                            |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                           |  |
| <input type="radio"/> Supplemental. Restraint type: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                                                            |  |                                                                                                                                                                                                                |                                                                                                                                                            |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                           |  |
| <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**

| 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) <input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/goggles <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) <div style="display: flex; justify-content: space-between;"> <div> <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           </div> <div> <b>Restraint Type</b><br/> <table border="1" style="width: 100%; border-collapse: collapse;"> <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> <tr> <td colspan="2"><input type="radio"/> Supplemental. Restraint type: _____</td> </tr> </table> </div> </div> |                                |                                                                            |  |                                                                                                                                                                                                                |                                                                                                                                                            | 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 | <input type="radio"/> Supplemental. Restraint type: _____ |  |
| 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  |                                                                            |  |                                                                                                                                                                                                                |                                                                                                                                                            |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                           |  |
| <input type="radio"/> Supplemental. Restraint type: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                                                            |  |                                                                                                                                                                                                                |                                                                                                                                                            |           |      |                            |                            |                                |                                |                               |                               |                               |                               |                               |                               |                               |                               |                                                           |  |
| <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 | <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="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| <b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flights<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                                                                                                                                                                                                                                                                  |  | <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="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| <b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flights<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                                                                                                                                                                                                                                                                  |  | <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="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| <b>Personal Flight Equipment (Check all that apply)</b><br><input type="checkbox"/> Fire resistant flights<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: _____                                                          | <input type="radio"/> Left    | <input type="radio"/> None         | <b>Available</b><br><input type="radio"/> None | <b>Used</b><br><input type="radio"/> None | <input type="checkbox"/> Not Installed | <input type="checkbox"/> Under 5 years                                                                                        |
| Middle Initial: _____ State: _____ Zip: _____                                          | <input type="radio"/> Center  | <input type="radio"/> Minor        | <input type="radio"/> Lap Only                 | <input type="radio"/> Lap Only            | <input type="checkbox"/> Installed     | If under 5 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| Last name: _____ Country: _____                                                        | <input type="radio"/> Right   | <input type="radio"/> Serious      | <input type="radio"/> 3-point                  | <input type="radio"/> 3-point             | <input type="checkbox"/> Not Deployed  |                                                                                                                               |
| <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Unknown | <input type="radio"/> Fatal        | <input type="radio"/> 4-point                  | <input type="radio"/> 4-point             | <input type="checkbox"/> Deployed      |                                                                                                                               |
| Row: _____                                                                             |                               | <input type="radio"/> Unknown      | <input type="radio"/> 5-point                  | <input type="radio"/> 5-point             | <input type="checkbox"/> Unknown       |                                                                                                                               |
| Personal Flight Equipment (Check all that apply)                                       |                               | Supplemental Restraint type: _____ |                                                |                                           |                                        |                                                                                                                               |
| <input type="checkbox"/> Fire resistant flights                                        |                               |                                    |                                                |                                           |                                        |                                                                                                                               |
| <input type="checkbox"/> Helmet                                                        |                               |                                    |                                                |                                           |                                        |                                                                                                                               |
| <input type="checkbox"/> Laser protective visor/glasses                                |                               |                                    |                                                |                                           |                                        |                                                                                                                               |
| <input type="checkbox"/> PLB                                                           |                               |                                    |                                                |                                           |                                        |                                                                                                                               |
| <input type="checkbox"/> Fire resistant gloves                                         |                               |                                    |                                                |                                           |                                        |                                                                                                                               |
| <input type="checkbox"/> Night vision goggles                                          |                               |                                    |                                                |                                           |                                        |                                                                                                                               |
| <input type="checkbox"/> Helmet visor                                                  |                               |                                    |                                                |                                           |                                        |                                                                                                                               |
| <input type="checkbox"/> Personal flotation                                            |                               |                                    |                                                |                                           |                                        |                                                                                                                               |
| <input type="checkbox"/> Other: _____                                                  |                               |                                    |                                                |                                           |                                        |                                                                                                                               |

**FLIGHT ITINERARY INFORMATION**

| Last Departure Point   | Time of Departure                        | Flight Information        | Destination            | Type Flight Plan Filed                                                 |
|------------------------|------------------------------------------|---------------------------|------------------------|------------------------------------------------------------------------|
| Airport ID: <u>X50</u> | Time: <u>1:15</u>                        | Flight Number: _____      | Airport ID: <u>X50</u> | <input checked="" type="checkbox"/> None <input type="radio"/> VFR/IFR |
| City: <u>Edgewater</u> | Time Zone: <u>EST</u>                    | Operating as Flight _____ | City: <u>Edgewater</u> | <input type="radio"/> Company <input type="radio"/> IFR                |
| State: <u>FL</u>       | <input checked="" type="radio"/> Eastern |                           | State: <u>FL</u>       | <input type="radio"/> VFR <input type="radio"/> Unknown                |
| Country: <u>U.S.</u>   |                                          |                           | Country: <u>U.S.</u>   | <input type="radio"/> Military <input type="radio"/> VFR               |
|                        |                                          |                           |                        | Activated? <input type="radio"/> Yes <input type="radio"/> No          |
|                        |                                          |                           |                        | <input type="radio"/> Unknown                                          |

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

☐ Certificate of Authorization ☐ Special VFR ☐ VFR ☐ IFR

☒ None ☐ Special IFR ☐ VFR Flight Following ☐ Cruise ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA

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

☐ Class A ☐ Class G ☐ Military Operations Area (MOA) ☐ Special ☐ Altitude of In-Flight Occurrence: 1000 ft. MSL

☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area

☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown

☐ Class D ☐ Prohibited Area ☐ TRSA

☐ Class E ☐ Restricted Area ☐ FAR 93

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

| Source of Pilot Weather Information (Check all that apply)                                             | Weather Observation Facility                                                                                         |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company          | Facility ID: _____                                                                                                   |
| <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military                      | Observation Time: _____                                                                                              |
| <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet                                    | Time Zone: _____                                                                                                     |
| <input type="checkbox"/> Automated Report <input type="checkbox"/> None                                | Distance from Accident Site: _____ nm                                                                                |
| <input checked="" type="checkbox"/> Electronic Flight Bag Application <input type="checkbox"/> Unknown | Direction from Accident Site: _____ degrees true                                                                     |
| <input type="checkbox"/> On-Board Weather                                                              |                                                                                                                      |
| <b>Basic Conditions</b>                                                                                | <b>Lowest Cloud Condition</b>                                                                                        |
| <input checked="" type="radio"/> VMC                                                                   | Height: <u>2000</u> ft. AGL                                                                                          |
| <input type="radio"/> IMC                                                                              |                                                                                                                      |
| <input type="radio"/> Unknown                                                                          |                                                                                                                      |
| <b>Sky/Lowest Cloud Condition</b>                                                                      | <b>Light Condition</b>                                                                                               |
| Ceiling: <u>Broken</u>                                                                                 | <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown |
|                                                                                                        | <input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                  |
|                                                                                                        | Ceiling Height: <u>2000</u> ft. AGL                                                                                  |

|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Aircraft Damage</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input checked="" type="radio"/> Substantial<br><input type="radio"/> Destroyed<br><input type="radio"/> Unknown | <b>Aircraft Fire</b><br><input type="radio"/> None<br><input type="radio"/> In-Flight<br><input type="radio"/> On-Ground<br><input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> Fire at Unknown Time<br><input type="radio"/> Unknown | <b>Aircraft Explosion</b><br><input type="radio"/> None<br><input type="radio"/> In-Flight<br><input type="radio"/> On-Ground<br><input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> Fire at Unknown Time<br><input type="radio"/> Unknown |
| <b>Description of Damage to Aircraft and Other Property</b> (Use additional sheet, if necessary.)<br>See attachment #1                                                                                  |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                 |

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.

See attachment #2

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

See attachment # 3

**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

517 Hours

**FUEL & SERVICES INFORMATION**

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

21 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: ON their own wheel will

**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.)

|                                                                                                                                                                                                             |                                                                                                                                                                                                                                      |                                      |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------|
|                                                                                                                                                                                                             |                                                                                                                                                                                                                                      |                                      |                                         |
| <b>I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.</b><br>By signing this form, I am consenting to the public release of the information provided herein. |                                                                                                                                                                                                                                      |                                      |                                         |
| Date of this report:<br><u>Dec/13/2025</u><br><small>mm/dd/yyyy</small>                                                                                                                                     | Name of Pilot/Operator: <span style="background-color: black; color: black;">[REDACTED]</span><br>Signature: <span style="background-color: black; color: black;">[REDACTED]</span><br>-or- <input type="checkbox"/> Check here to e |                                      |                                         |
| If a person other than Pilot/Operator is filing this report<br>Name: _____ Title: _____<br>Signature: _____<br>-or- <input type="checkbox"/> Check here to electronically sign this document                |                                                                                                                                                                                                                                      |                                      |                                         |
| <b>FOR NTSB USE ONLY</b>                                                                                                                                                                                    |                                                                                                                                                                                                                                      |                                      |                                         |
| NTSB Accident/Incident No.<br><b>ERA26LA063</b>                                                                                                                                                             | Reviewed by NTSB AS Division<br><b>ERA</b>                                                                                                                                                                                           | Name of Investigator<br><b>Gretz</b> | Date Report Received<br><b>12/19/25</b> |

### **Attachment 3; OPERATOR/OWNER SAFETY RECOMMENDATION**

There still is an active investigation but we certainly think that we miss calculated the amount of fuel. Yes we visually saw fuel in the tanks prior to take off and yes the G3X showed 21 gallons total fuel, but that is enough to safely do this flight. So the G3X reading must have been bad.

The G3X Garmin system is an amazing powerful piece of avionics and in 2022 and Airworthiness Directive came out addressing the procedure to measure fuel quantity (resistance) on various models of airplanes. After this date new equipment was manufactured with a different method (voltage) of calculating fuel quantity; please be aware it is still NOT accurate enough. DO NOT TRUST the fuel quantity indicators on the G3X Systems, it still needs some work.

Knowing your fuel tank(s) design, characteristics, pick up points and so forth may help prevent such an emergency. Finding a reliable way to calculate exactly how much fuel is in the tank is needed. "Fuel gauges must be accurate on the empty position" may not be reliable. I recommend learning and studying your airplane completely especially the fuel system; because at the end of the day while you are in the sky that's all you have.

***Attachment 1; DAMAGE TO AIRCRAFT AND OTHER PROPERTY***

- 1.- Nose Gear collapse underweight the fuselage
2. RH Wing Leading edge damaged
- 3.- LH and RH Doors hinges detach from the fuselage
- 4.- Bottom front cowling deformed from the weight of the engine
- 5.- RH Landing gear damaged

## **Attachment 2; NARRATIVE HISTORY OF FLIGHT**

- 1.- Around 12pm started to get ready for a one hour flight around the local area to test the capability of the G3X System during a couple approach with the autopilot.
- 2.- During the preflight process check the weather conditions were VFR and winds out the east 10 to 12 kts. Also, I reached on top of each wing and visually check the amount of fuel needed for the flight plus reserve. I turned on the Master switch and compared the amount of fuel observed with G3X PFD Engine Display and saw the LH digital gauge showing 10 gallons and RH digital gauge showing 11 gallons and by slightly pushing on the strut bar of the LH Wing we can see the triangles on each gauge slightly moving around each indication appearing to be very accurate.
- 3.- At 1pm we took off on runway 36 out of X50 Massey Ranch Airpark and around 400ft turned westbound.
- 4.- We leveled off at 1500 ft and loaded up the GPS with RNAV 30 DED. During the level flight we engaged Autopilot on NAV Mode and monitored the path of the aircraft to be very precise. This took about thirty minutes level flight time.
- 5.- Then we made a full approach starting at the IAF Smyrna Intersection.
- 6.- Within 2 nm from the FAF we noticed the approach went active mode LNAV + V but the Glide Slope never came in.
6. We decided to abandon the approach 2 miles from runway 30 and started a circle on the south west area of the airport KDED to line up with runway 5.
- 7.- On a 2 mile right base around 1100 ft the engine got rough and quit momentarily for about 2 seconds and it came back for about another 2 seconds and then quit completely.
- 8.- Mr. Vincent immediately disengaged the autopilot and turned the aircraft manually toward the airport and verbally established "My flight controls".
- 9.- I executed step by step the Emergency Checklist for Engine Failure" with no success.
- 10.- We both agreed there were no chances to glide and make the airport, so on the south west area of the airport there is a road wide enough to fit the wing span of the aircraft and have at least 500 to seven hundred ground run with no obstacles.
- 11.- Mr. Vincent did an exceptional job on gliding the aircraft all the way to the ground except the last 20 feet where an electric power line running diagonally across the road that we didn't see till last minute

clipped the RH Landing Gear causing the aircraft to shift 30 degrees to the right and lose control of the touchdown.

12.- We hit the road pretty hard but with minimum energy and the ground roll was about 100 feet.

13.—Mr. Vincent hit his head on the glare shield and I jammed my LH foot behind the rudder pedal and fractured it.

14.- We both were taken to the hospital for an evaluation and medical treatment.

15.- As a Flight Instructor I have trained during the last 29 years every emergency situation there is, from a Cessna 172 to a Commercial Airliner flown during the seven years that I had worked in a 121 Airline Operation. We train and train and train some more and training emergency conditions are still very different from when it happens in real life. I learned so much because this one event and seriously thinking about developing a Syllabus for full Training Course on how survive an airplane crash emphasized points like:

Crew Resource Management

Time Optimization

Dead Reckoning and visual gliding calculation

Proper and effective checklist usage

Aircraft systems shutdown and personal preparation for impact and evacuation before and after the crash

Energy management and dissipation for minimum impact

How to work with ATC efficiently and beneficially to the situation

And so much more; Again, Once you are a Flight Instructor, always a Flight Instructor

END