

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents																																																					
BASIC INFORMATION																																																					
Accident/Incident Location Nearest City/Place: <u>HAYDEN LAKE</u> State: <u>ID</u> ZIP: <u>83835</u> Country: <u>USA</u> Latitude: _____ Longitude: _____ (Enter in decimal degrees or degrees:minutes:seconds)					Accident/Incident Date/Time Date: <u>06/26/2016</u> Local Time: <u>1 PM</u> mm/dd/yyyy Time Zone: <u>PACIFIC</u>																																																
AIRCRAFT INFORMATION					Collision with Other Aircraft: Midair On-ground <u>None</u>																																																
Registration Number: <u>N185FG</u> Manufacturer: <u>CESSNA</u> Model: <u>185</u> Serial Number: <u>18503713</u> Year of Manufacture: <u>1978</u> Amateur-Built: Yes ☐ If Yes: Kit/Plans Make: _____ <u>No</u> Original Design					IFR-Equipped and Certified Commercial Space Flight _____ Unmanned Aircraft _____ Maximum Gross Weight: <u>3200</u> lbs Weight at Time of Accident/Incident: <u>3100</u> lbs Number of Seats: <u>4</u> Flight Crew Seats: <u>1</u> Cabin Crew Seats: _____ Passenger Seats: _____ Number of Engines: <u>1</u>																																																
Category of Aircraft ☒ Airplane Balloon _____ Blimp/Dirigible _____ Glider _____ Gyroplane _____ Helicopter _____ Powered Lift _____ Rocket _____ Ultralight _____ Unknown _____		Type of Airworthiness Certificate (Check all that apply) Standard ☒ Normal ☐ Aerobatic _____ Limited _____ Balloon _____ Provisional _____ Commuter _____ Special Flight _____ Transport _____ Experimental _____ Utility _____ Special Light-Sport _____ Experimental Light-Sport _____ Certificate of Authorization or Waiver (COA) _____ None _____ Unknown _____		Landing Gear (Check all that apply) Retractable _____ Tricycle _____ Tailwheel _____ ☒ Amphibian _____ High Skid _____ Emergency Float _____ Skid _____ Float _____ Ski _____ Hull _____ Ski/Wheel _____ Other Launch/Recovery System _____ None _____ Unknown _____		Engine Type (Select one) ☒ Reciprocating _____ Liquid Rocket _____ Turbo Shaft _____ Solid Rocket _____ Turbo Prop _____ Hybrid Rocket _____ Turbo Jet _____ None _____ Turbo Fan _____ Unknown _____ Electric _____ Fuel System Type (Reciprocating) Carburetor _____ Fuel-Injected _____																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Serial</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. mm/dd/yyyy</th> <th>Rated Power Horsepower or lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since: Inspection (hours)</th> <th>Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td><u>CONT</u></td> <td><u>IO520D</u></td> <td><u>812835R</u></td> <td><u>10-97</u></td> <td><u>285</u></td> <td><u>1120</u></td> <td><u>3</u></td> <td><u>1123</u></td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)	Eng. 1	<u>CONT</u>	<u>IO520D</u>	<u>812835R</u>	<u>10-97</u>	<u>285</u>	<u>1120</u>	<u>3</u>	<u>1123</u>	Eng. 2									Eng. 3									Eng. 4																
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Last Inspection Type 100-Hour _____ Continuous Airworthiness _____ AAIP _____ Conditional Inspection _____ ☒ Annual _____ Unknown _____ Date Last Inspection: <u>5-1-16</u> mm/dd/yyyy Airframe Total Time: <u>3393</u> hrs hours measured at (Select one) ☒ Last Inspection ☐ Time of Accident/Incident			Propeller 1 Fixed Pitch _____ ☒ Controllable Pitch _____ Ground Adjustable _____ Manufacturer: <u>HARTZELL</u> Manufacturer: _____ Model: <u>PHE-C34F-RF155467A-6R</u> Model: _____ ELT Installed: ☒ Yes ☐ No If Yes: ELT Manufacturer: <u>ME 406</u> Model or Part No.: <u>43-663</u> TSO No.: C91 (121.5 MHz) C91a (121.5 MHz) C126 (406 MHz) Was ELT still mounted in aircraft? Yes ☐ No ☒ Was ELT still connected to antenna? Yes ☐ No ☒ Did ELT Activate? Yes ☒ No ☐ If activated: Did ELT Aid in Locating Aircraft? Yes ☐ No ☒ If not activated: Indicate Reason: <u>Impact Damage</u> Fire Damage _____ Battery Expired/Damaged _____ Unknown _____																																																		
Type of Maintenance Program (Select one) Annual ☒ Conditional (Amateur-built only) _____ Manufacturer's Inspection Program _____ Other Approved Inspection Program (AAIP) _____ Continuous Airworthiness _____ Other, specify: _____			Additional Equipment (Check all that apply) ADS-B _____ Airframe Parachute _____ Angle of Attack Indicator _____ Autopilot ☒ Data Recorder _____ Electronic Flight Bag or Handheld Device ☒ Electronic Multifunction Display _____ Electronic Primary Flight Display _____ Handheld GPS ☒ Heads Up Display _____ Onboard Weather _____ Satellite Tracking Device _____ Stall Warning System ☒ Video Recording Device _____ Other, Specify: _____																																																		
Description of Fire Extinguishing System None _____ Specify: <u>HALOGEN</u>																																																					

OWNER/OPERATOR INFORMATION**Registered Aircraft Owner**Name: TERRY HOLMANCity: SpokaneState: WA ZIP: 99211Fractional Ownership Aircraft: Yes ☐ No ☒Country: USA**Operator of Aircraft**Same As Registered OwnerSame Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

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

Country: _____

Operating Certificates Held

(Check all that apply)

☒ None

Flag Carrier Operating Certificate (FAR 121)

Supplemental

Air Cargo

Foreign Air Carriers (FAR 129)

Rotorcraft External Load (FAR 133)

Commuter Air Carrier (FAR 135)

On-Demand Air Taxi (FAR 135)

Commercial Air Tour (FAR 136)

Agricultural Aircraft (FAR 137)

Pilot School (FAR 141)

Certificate of Authorization or Waiver (COA)

Commercial Space Transportation

Experimental Permit

Commercial Space Transportation License

Other Operator of Large Aircraft

Regulation Flight Conducted Under☒ FAR 91

FAR 129

FAR 415

FAR 103

FAR 133

FAR 431

FAR 121

FAR 135

FAR 435

FAR 125

FAR 137

FAR 437

FAR 91 Special Flight

Non-US, Commercial

Non-US, Non-commercial

Public Aircraft (Select one)

Armed Forces

Federal

State

Local

Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

Scheduled or Commuter

Domestic

Non-Scheduled or Air Taxi

International

Passenger

Cargo

Mail Contract Only

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

Aerial Application

Firefighting

Unknown

Aerial Observation

Flight Test

Air Drop

Glider Tow

Air Race/Show

Instructional

Banner Tow

Other Work Use

Business

☒ Personal

Executive/Corporate

Positioning

External Load

Skydiving

Ferry

Revenue Sightseeing Flight

Yes

☒ No**Air Medical Flight**

Yes

☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**

Airport Name: _____

Distance From Airport Center: _____ sm

Airport Identifier: _____

Direction From Airport: _____ degrees true

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

Airport Elevation: _____ ft. msl

Runway Information

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

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

Asphalt

Grass/Turf

Macadam

☒ Water

Concrete

Gravel

Metal/Wood

Unknown

Dirt

Ice

Snow

Dry

Snow-Compacted

☒ Water-Calm

Holes

Snow-Crusted

Water-Choppy

Ice Covered

Snow-Dry

Water-Glassy

Rough

Snow-Wet

Wet

Rubber Deposits

Soft

Slush-Covered

Vegetation

Unknown

Approach/Departure Segment (Select one)

Taxi

VFR Departure

☒ On Instrument Approach

Downwind

Low Approach

Takeoff

IFR Departure Procedure/Clearance

☒ Landing

Base

Go Around

Initial Climb

Final

Aborted Landing (after touchdown)

Crosswind

Unknown

IFR Approach (Check all that apply)

None

ADF/NDB

PAR

MLS

Practice

SDF

Sidestep

LDA

GPS

VOR/TVOR

ILS

ASR

VOR/DME

Localizer Only

Visual

TACAN

LOC-back course

Contact

RNAV

Circling

Unknown

VFR Approach (Check all that apply)

None

Traffic Pattern

☒ Stop and Go

Straight-In

☒ Touch and Go

Valley/Terrain Following

Simulated Forced Landing

Go Around

Forced Landing

Full Stop

Precautionary Landing

Unknown

"FLIGHT CREWMEMBER 1" INFORMATION																																																																																																				
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew																																																																																																				
"Flight Crewmember 1" was pilot flying Yes No																																																																																																				
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Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			Seat Occupied ☒ Left ☒ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Restraint Type Available ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☐ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown			Inflatable Restraints ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown																																																																																											
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer				Medical Certificate Validity ☐ Without limitations/waivers ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance			Date of Last Medical <u>05/07/2015</u> mm/dd/yyyy																																																																																													
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			Medical Certificate Limitations <u>CORRECTIVE LENSES</u>																																																																																															
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>10/08/2014</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>C-180H</u>																																																																																																
Airplane Rating(s) (Check all that apply) ☐ None ☒ Single-Engine Land ☒ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea			Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift			Instrument Rating(s) (Check all that apply) ☐ None ☒ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) (Check all that apply) ☐ None ☒ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport																																																																																												
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"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew																																																																																																				
"Flight Crewmember 2" was pilot flying Yes No																																																																																																				
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ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Available None Lap Only 3-point 4-point 5-point Unknown		Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Yes No									
Crew Name and Address					Seat Occupied		Injury		
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____					Left Center Right		Front Rear Single Unknown None Minor Serious Fatal Unknown		
Pilot Certificate(s) (Check all that apply)					Restraint Type:		Inflatable Restraints		
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer					Available None Lap Only 3-point 4-point 5-point Unknown		Used None Lap Only 3-point 4-point 5-point Unknown		Not Installed Installed Not Deployed Deployed Unknown
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Yes No									
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)									
Name and Address				Seat	Injury	Restraint Type		Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown		Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown		Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown		Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other				Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown		Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION					
Last Departure Point Airport ID: <u>KSEF</u> City: <u>SPokane</u> State: <u>WA</u> Country: <u>USA</u>		Time of Departure Time: <u>12:30</u> Time Zone: <u>PACIFIC</u>		Destination Airport ID: _____ City: _____ State: _____ Country: _____	
Type of ATC Clearance/Service (Check all that apply) ☒ None VFR ☐ Special VFR IFR ☐ Special IFR VFR On Top ☐ VFR Flight Following Traffic Advisory ☐ Cruise Unknown / NA				Type Flight Plan Filed ☐ None ☐ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown ☒ Activated? Yes ☒ No ☐ Unknown	
Airspace where the accident/incident occurred (Check all that apply)					
Class A Class B Class C Class D ☒ Class E		☒ Class G Demo Area Warning Area Prohibited Area Restricted Area		Military Operations Area (MOA) Airport Advisory Area Jet Training Area TRSA FAR 93	
Altitude of In-Flight Occurrence: _____ ft msl				Special Air Traffic Control Area Unknown	
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information (Check all that apply) ☒ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☒ On-Board Weather			Weather Observation Facility Facility ID: <u>KCOE</u> Observation Time: <u>12:50</u> Time Zone: <u>PACIFIC</u> Distance from Accident Site: <u>3.5</u> nm Direction from Accident Site: <u>270</u> degrees true		
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☒ Day ☐ Dusk ☐ Night ☐ Dark Night ☐ Bright Night ☐ Unknown			
Sky/Lowest Cloud Condition ☒ Clear ☐ Few ☐ Partial Obscuration ☐ Scattered		Ceiling ☒ None (Clear) ☐ Broken ☐ Overcast		Temperature: _____ (C) or <u>70</u> ° (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB	
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl			
Wind Direction ☒ Variable -or- Direction: _____ degrees true	Wind Speed ☒ Calm ☐ Light and Variable -or- Speed: _____ kts	Wind Gusts ☒ Not Gusting -or- Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft		
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers		☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals	
☐ Freezing Rain ☐ Snow Shower ☐ Ice Pellets Shower ☐ Freezing Drizzle		Restriction to Visibility (Check all that apply) ☒ None ☐ Blowing Dust ☐ Blowing Sand ☐ Blowing Snow ☐ Blowing Spray ☐ Dust ☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog ☐ Smoke ☐ Unknown			
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Turbulence Type (Check all that apply) ☒ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence	
Severity ☐ Light ☐ Moderate ☐ Severe ☐ Extreme		NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident: 			

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

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

Aircraft Explosion

None
In-Flight
On-Ground
Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

MOTOR MOUNT ATTACH POINTS BROKEN WINDSCREEN BROKEN
AFT BATTERY BOX DETACHED AND EJECTED THRU WINDSCREEN
AFT TAIL SECTION RIPPED FROM AIRFRAME BY CRASH WHEN
ATTEMPTED TO RIGT AIRCRAFT FROM WATER

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

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

NORMAL DEPARTURE FROM KSFF @ 12:30 LOCAL
RETRACT GEAR, FLAPS, FUEL FLOW ADJUST, REDUCE RPM AND
THROTTLE FOR CRUISE FLIGHT TO KCDA. DECIDED TO DO
A SPLASH AND GO ON HAYDEN LAKE BEFORE ENTERING
A NORMAL ENTRY PATTERN TO KCDA. MADE A CLEARANCE
PASS OVER LAKE FOR BOAT + OBSTICAL CLEARANCE.
ADJUSTED ROUTINE APIROAELI PROCEDURE FOR NEW RADIOS
INSTALLED. DO NOT REMEMBER AUDIO WATER LANDING
ALERT. I DID NOT VISUALLY CHECK FOR GEAR UP LANDING.
GEAR WAS DOWN AND AIRCRAFT FLIPPED OVER ON
CONTACTING WATER. AFTER AIRCRAFT WAS REMOVED
FROM WATER AND PLACED ON TRAILER FOR
TRANSPORTATION TO KCDA I NOTICED THE GEAR SWITCH
WAS IN THE UP POSITION

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

Operator/Owner Safety Recommendation

MAKE SURE PILOT VISUALLY INSPECTS GEAR POSITION
BEFORE LANDING

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

NOT SURE

Total Time/Cycles
On Part

_____ Hours

_____ Cycles

Time Since This Part
Inspected/Overhauled

_____ Hours

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(Convert from pounds, as necessary)

70

Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

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

INVERTED, REMOVED SEAT BELT UNDERWATER, OPENED DOOR
AND SWAM TO SURFACE

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft

Destroyed

Substantial

Minor

None

Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report

07/14/2016
mm/dd/yyyy

Name of Pilot/Operator: TERRY HOLMAN

Signature: [REDACTED]

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

GAA16CA375

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Adam Gerhardt

Date Report Received

7/18/2016