

# 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: Ottumwa State: IA

ZIP: 52501 Country: United States of America

Latitude: 41:06:37.8N Longitude: 92:27:18.8W

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

### Accident/Incident Date/Time

Date: 09/21/2016 Local Time: 11:00am

*mm/dd/yyyy*

Time Zone: Central

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

## AIRCRAFT INFORMATION

Registration Number: N3803T

Manufacturer: Piper

Model: Cherokee Arrow

Serial Number: 28R30117

Year of Manufacture: 1967

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

☒ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 2500 lbs

Weight at Time of Accident/Incident: 2224 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 2

Number of Engines: 1

### Category of Aircraft

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

### Type of Airworthiness Certificate

(Check all that apply)

#### Standard

☒ Normal

☐ Aerobatic

☐ Balloon

☐ Commuter

☐ Transport

☐ Utility

#### Special

☐ Restricted

☐ Limited

☐ Provisional

☐ Special Flight

☐ Experimental

☐ Special Light-Sport

☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)

☐ None

☐ Unknown

### Landing Gear

(Check all that apply)

☒ Retractable

☐ Tricycle

☐ Amphibian

☐ Emergency Float

☐ Float

☐ Hull

☐ Other Launch/Recovery System

☐ None

☐ Tailwheel

☐ High Skid

☐ Skid

☐ Ski

☐ Ski/Wheel

☐ Unknown

### Engine Type (Select one)

☒ Reciprocating

☐ Turbo Shaft

☐ Turbo Prop

☐ Turbo Jet

☐ Turbo Fan

☐ Electric

☐ Liquid Rocket

☐ Solid Rocket

☐ Hybrid Rocket

☐ None

☐ Unknown

### Fuel System Type (Reciprocating)

☐ Carburetor

☒ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Lycoming            | IO-360-B1E          | RL-5366-51A                  | 02/20/1976                        | 180                                                                                                  | 4452                  | 45                                   | 321                 |
| Eng. 2 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 05/31/2016  
*mm/dd/yyyy*

Airframe Total Time: 3927 hrs

hours measured at (Select one)

☐ Last Inspection ☒ Time of Accident/Incident

### Type of Maintenance Program (Select one)

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

### Description of Fire Extinguishing System

- ☒ None
- ☐ Specify: \_\_\_\_\_

### Propeller 1

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

Manufacturer: McCaughey

Model: C3D36C415-C

### Propeller 2

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

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

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

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Airtex

Model or Part No.: 1000

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: ☐ Impact Damage

☐ Fire Damage

☐ Battery Expired/Damaged

☒ Unknown

### Additional Equipment (Check all that apply)

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Archangel Services, LLC.City: OttumwaState: IAZIP: 52501Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: United States of America**Operator of Aircraft**☒ Same As Registered Owner☒ Same 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: Ottumwa Regional AirportDistance From Airport Center: 0.35 smAirport Identifier: KOTMDirection From Airport: N/A degrees trueProximity to Airport: ☐ Off Airport/Airstrip    ☒ On Airport/Airstrip    ☐ N/AAirport Elevation: 845 ft. msl**Runway Information**Runway ID: 13 (L/R/C) Length: 5885 ft Width: 150 ft**Runway/Landing Surface** (Check all that apply)

- ☒ Asphalt    ☐ Grass/Turf    ☐ Macadam    ☐ Water  
☒ Concrete    ☐ Gravel    ☐ Metal/Wood  
☐ Dirt    ☐ Ice    ☐ Snow    ☐ Unknown

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

- ☒ 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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---|--------------|----|---|----|---|---|---|---|---|---|---|---------------|---|---|---|---|---|---|---|---|---|---|
| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input checked="" type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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             |    |   |    |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>"Flight Crewmember 1" was pilot flying</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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             |    |   |    |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>"Flight Crewmember 1" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>Colt</u><br/>           Middle Initial: <u>E</u><br/>           Last Name: <u>Brown</u> </div> <div>           City of Residence: <u>Unionville</u><br/>           State: <u>MO</u>    ZIP: <u>63565</u><br/>           Country: <u>United States of America</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">           Age at time of Accident/Incident: <u>22</u>    Date of Birth: <u>          </u> <u>1993</u> <i>mm/dd/yyyy</i><br/>           Certificate Number: <u>          </u> </div>                                                                                                                                                                                                                                                                                                                                            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             |    |   |    |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input checked="" type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                             |                        | <b>Restraint Type</b><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Inflatable Restraints</b><br><input 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)</b> <i>(Check all that apply)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input type="checkbox"/> Private<br/> <input type="checkbox"/> Student             </div> <div> <input checked="" type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Sport             </div> <div> <input checked="" type="checkbox"/> Commercial<br/> <input type="checkbox"/> Airline Transport<br/> <input type="checkbox"/> Flight Engineer             </div> <div> <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Foreign             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                           | <b>Date of Last Medical</b><br><u>02/25/2016</u><br><i>mm/dd/yyyy</i> |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |   |       |    |    |   |    |   |   |   |                        |       |   |       |    |    |   |    |   |   |   |                    |       |   |       |   |    |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |     |   |     |   |   |   |   |   |   |   |              |    |   |    |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Principal Occupation</b><br><input checked="" type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Medical Certificate Limitations</b><br>Must wear corrective lenses.                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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             |    |   |    |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Medical Certificate Special Issuance</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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             |    |   |    |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>04/29/2016</u><br><i>mm/dd/yyyy</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                                                                                                                                                                                                | <b>Flight Review Aircraft</b><br>Make: <u>Cessna</u><br>Model: <u>172M</u>                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                           |                                                                       |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |   |       |    |    |   |    |   |   |   |                        |       |   |       |    |    |   |    |   |   |   |                    |       |   |       |   |    |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |     |   |     |   |   |   |   |   |   |   |              |    |   |    |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Airplane Rating(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<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)</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                        | <b>Instrument Rating(s)</b> <i>(Check all that apply)</i><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)</b> <i>(Check all that apply)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input checked="" type="checkbox"/> Airplane Single-Engine<br/> <input type="checkbox"/> Airplane Multi-Engine<br/> <input type="checkbox"/> Gyroplane<br/> <input type="checkbox"/> Powered Lift             </div> <div> <input checked="" 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             </div> </div> |                                                                                                                                                                                                                                           |                                                                       |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |   |       |    |    |   |    |   |   |   |                        |       |   |       |    |    |   |    |   |   |   |                    |       |   |       |   |    |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |     |   |     |   |   |   |   |   |   |   |              |    |   |    |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Type Ratings</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                         | <b>Student Endorsements</b> <i>(Include dates)</i><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                       |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |   |       |    |    |   |    |   |   |   |                        |       |   |       |    |    |   |    |   |   |   |                    |       |   |       |   |    |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |     |   |     |   |   |   |   |   |   |   | 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| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td>1,215</td> <td>9</td> <td>1,203</td> <td>12</td> <td>50</td> <td>1</td> <td>66</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td>1,180</td> <td>9</td> <td>1,168</td> <td>12</td> <td>46</td> <td>1</td> <td>43</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td>1,014</td> <td>8</td> <td>1,014</td> <td>0</td> <td>36</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr style="background-color: #cccccc;"> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td>130</td> <td>5</td> <td>130</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td>36</td> <td>1</td> <td>36</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td>4</td> <td>1</td> <td>4</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                           |                                                                       |        |                  | Flight Time <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | 1,215 | 9 | 1,203 | 12 | 50 | 1 | 66 | 0 | 0 | 0 | Pilot in Command (PIC) | 1,180 | 9 | 1,168 | 12 | 46 | 1 | 43 | 0 | 0 | 0 | Time as Instructor | 1,014 | 8 | 1,014 | 0 | 36 | 1 | 0 | 0 | 0 | 0 | This Make/Model |  |  |  |  | 0 | 0 | 0 |  |  |  | Last 90 Days | 130 | 5 | 130 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Last 30 Days | 36 | 1 | 36 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Last 24 Hours | 4 | 1 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Flight Time <i>(Enter appropriate number of hours in each box)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                                          | Airplane Single Engine | Airplane Multiengine                                                                                                                                                                                                                                                                                                                                                                              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                                                                                                         |                                                                                                                                                                                                                                           | Rotorcraft                                                            | Glider | Lighter Than Air |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |   |       |    |    |   |    |   |   |   |                        |       |   |       |    |    |   |    |   |   |   |                    |       |   |       |   |    |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |     |   |     |   |   |   |   |   |   |   | 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| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| "FLIGHT CREWMEMBER 2" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
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| <b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b><br><input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>"Flight Crewmember 2" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>"Flight Crewmember 2" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>Thatcher</u><br/>           Middle Initial: <u>C</u><br/>           Last Name: <u>Carel</u> </div> <div>           City of Residence: <u>Seymour</u><br/>           State: <u>IA</u>    ZIP: <u>52590</u><br/>           Country: <u>United State of America</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">           Age at time of Accident/Incident: <u>21</u>    Date of Birth: <u>      </u>/1995    mm/dd/yyyy<br/>           Certificate Number: <u>                    </u> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                     |                        | <b>Restraint Type</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Inflatable Restraints</b><br><input 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)</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> None</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Flight Instructor</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Commercial</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> US Military</div> <div style="flex: 1; min-width: 150px;"><input checked="" type="checkbox"/> Private</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Recreational</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Airline Transport</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Foreign</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Student</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Sport</div> <div style="flex: 1; min-width: 150px;"><input type="checkbox"/> Flight Engineer</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Medical Certificate Validity</b><br><input checked="" type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           | <b>Date of Last Medical</b><br><u>08/16/2013</u><br>mm/dd/yyyy |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Medical Certificate Limitations</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Medical Certificate Special Issuance</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>07/15/2015</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Flight Review Aircraft</b><br>Make: <u>Cessna</u><br>Model: <u>172P</u>                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | <b>Other Aircraft Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                        | <b>Instrument Rating(s)</b><br><i>(Check all that apply)</i><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)</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><div style="margin-top: 5px;"> <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             </div> |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Type Ratings</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         | <b>Student Endorsements</b> <i>(Include dates)</i><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                           |                                                                |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(Enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td>190</td> <td>11</td> <td>190</td> <td>0</td> <td>12</td> <td>1</td> <td>51</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td>163</td> <td>11</td> <td>163</td> <td>0</td> <td>9</td> <td>1</td> <td>30</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr style="background-color: #cccccc;"> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td>28</td> <td>5</td> <td>28</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td>3</td> <td>1</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td>1</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                |        |                  | Flight Time <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | 190 | 11 | 190 | 0 | 12 | 1 | 51 | 0 | 0 | 0 | Pilot in Command (PIC) | 163 | 11 | 163 | 0 | 9 | 1 | 30 | 0 | 0 | 0 | Time as Instructor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | This Make/Model |  |  |  |  | 0 | 0 | 0 |  |  |  | Last 90 Days | 28 | 5 | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Last 30 Days | 3 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Last 24 Hours | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Flight Time <i>(Enter appropriate number of hours in each box)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                                  | Airplane Single Engine | Airplane Multiengine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Night                                                                                                                                                                                                                                                   | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           | Rotorcraft                                                     | Glider | Lighter Than Air |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Simulated                                                                                                                                                                                                                                 |                                                                |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 190          | 11                                                                                                                                                                                                                                                                                                                                 | 190                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 12                                                                                                                                                                                                                                                      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 51                                                                                                                                                                                                                                        | 0                                                              | 0      | 0                |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 163          | 11                                                                                                                                                                                                                                                                                                                                 | 163                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9                                                                                                                                                                                                                                                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 30                                                                                                                                                                                                                                        | 0                                                              | 0      | 0                |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0            | 0                                                                                                                                                                                                                                                                                                                                  | 0                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                                                                                                         | 0                                                              | 0      | 0                |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                                                                                                         |                                                                |        |                  |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 28           | 5                                                                                                                                                                                                                                                                                                                                  | 28                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                                                                                                         | 0                                                              | 0      | 0                |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3            | 1                                                                                                                                                                                                                                                                                                                                  | 3                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                                                                                                         | 0                                                              | 0      | 0                |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1            | 1                                                                                                                                                                                                                                                                                                                                  | 1                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                                                                                                         | 0                                                              | 0      | 0                |                                                                    |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |    |     |   |    |   |    |   |   |   |                        |     |    |     |   |   |   |    |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |   |   |   |  |  |  |              |    |   |    |   |   |   |   |   |   |   |              |   |   |   |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                          |                                                                                                                                                            | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                 | <b>Injury</b>                                                                                                                                                                                                                  |                                                                                                                                                                                   |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                 | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |                                                                                                                                                                                   |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> None</div> <div style="width: 33%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 33%;"><input type="checkbox"/> Commercial</div> <div style="width: 33%;"><input type="checkbox"/> US Military</div> <div style="width: 33%;"><input type="checkbox"/> Private</div> <div style="width: 33%;"><input type="checkbox"/> Recreational</div> <div style="width: 33%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 33%;"><input type="checkbox"/> Foreign</div> <div style="width: 33%;"><input type="checkbox"/> Student</div> <div style="width: 33%;"><input type="checkbox"/> Sport</div> <div style="width: 33%;"><input type="checkbox"/> Flight Engineer</div> </div> |                                                                                                                                          |                                                                                                                                                            | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="width: 50%;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |                                                                                                                                                                                                                 | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                                   |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                                                                                                                                                                                   |
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                          |                                                                                                                                                            | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                 | <b>Injury</b>                                                                                                                                                                                                                  |                                                                                                                                                                                   |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                            | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                 | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |                                                                                                                                                                                   |
| <b>Pilot Certificate(s) (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> None</div> <div style="width: 33%;"><input type="checkbox"/> Flight Instructor</div> <div style="width: 33%;"><input type="checkbox"/> Commercial</div> <div style="width: 33%;"><input type="checkbox"/> US Military</div> <div style="width: 33%;"><input type="checkbox"/> Private</div> <div style="width: 33%;"><input type="checkbox"/> Recreational</div> <div style="width: 33%;"><input type="checkbox"/> Airline Transport</div> <div style="width: 33%;"><input type="checkbox"/> Foreign</div> <div style="width: 33%;"><input type="checkbox"/> Student</div> <div style="width: 33%;"><input type="checkbox"/> Sport</div> <div style="width: 33%;"><input type="checkbox"/> Flight Engineer</div> </div> |                                                                                                                                          |                                                                                                                                                            | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="width: 50%;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div style="width: 50%;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |                                                                                                                                                                                                                 | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                                   |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                                                                                                                                                                                   |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |                                                                                                                                                                                   |
| Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Seat                                                                                                                                     | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                 | Inflatable Restraints                                                                                                                                                                                                          | Age                                                                                                                                                                               |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                                                                                                                                                                                                                                                     |
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| <b>Last Departure Point</b><br>Airport ID: <u>KOTM</u><br>City: <u>Ottumwa</u><br>State: <u>IA</u><br>Country: <u>United States of America</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                   | <b>Time of Departure</b><br>Time: <u>10:00am</u><br>Time Zone: <u>Central</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                     | <b>Destination</b><br>Airport ID: <u>KOTM</u><br>City: <u>Ottumwa</u><br>State: <u>IA</u><br>Country: <u>United States of America</u>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| <b>Type of ATC Clearance/Service</b> (Check all that apply)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Special VFR</div> <div style="width: 50%;"><input type="checkbox"/> Special IFR</div> <div style="width: 50%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 50%;"><input type="checkbox"/> Cruise</div> <div style="width: 50%;"><input type="checkbox"/> VFR</div> <div style="width: 50%;"><input type="checkbox"/> IFR</div> <div style="width: 50%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 50%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 50%;"><input type="checkbox"/> Unknown / NA</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Airspace where the accident/incident occurred</b> (Check all that apply)<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Class A</div> <div style="width: 33%;"><input type="checkbox"/> Class G</div> <div style="width: 33%;"><input type="checkbox"/> Military Operations Area (MOA)</div> <div style="width: 33%;"><input type="checkbox"/> Special</div> <div style="width: 33%;"><input type="checkbox"/> Class B</div> <div style="width: 33%;"><input type="checkbox"/> Demo Area</div> <div style="width: 33%;"><input type="checkbox"/> Airport Advisory Area</div> <div style="width: 33%;"><input type="checkbox"/> Air Traffic Control Area</div> <div style="width: 33%;"><input type="checkbox"/> Class C</div> <div style="width: 33%;"><input type="checkbox"/> Warning Area</div> <div style="width: 33%;"><input type="checkbox"/> Jet Training Area</div> <div style="width: 33%;"><input type="checkbox"/> Unknown</div> <div style="width: 33%;"><input type="checkbox"/> Class D</div> <div style="width: 33%;"><input type="checkbox"/> Prohibited Area</div> <div style="width: 33%;"><input type="checkbox"/> TRSA</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Class E</div> <div style="width: 33%;"><input type="checkbox"/> Restricted Area</div> <div style="width: 33%;"><input type="checkbox"/> FAR 93</div> </div> |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Altitude of In-Flight Occurrence:</b><br><u>N/A</u> ft msl |                                                                                                                                                                                                                                                                                                                                                                     |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)<br><input type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input type="checkbox"/> On-Board Weather                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Weather Observation Facility</b><br>Facility ID: <u>KOTM ASOS</u><br>Observation Time: <u>9:50am</u><br>Time Zone: <u>Central</u><br>Distance from Accident Site: <u>Unknown</u> nm<br>Direction from Accident Site: <u>Unknown</u> degrees true |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                   | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br><u>N/A</u> ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br><u>N/A</u> ft agl                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                     | <b>Temperature:</b> <u>31</u> (C) or _____ (F)<br><b>Dew Point:</b> <u>23</u> (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>30.08</u> in. Hg<br>or _____ MB                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: <u>200</u> degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: <u>10</u> kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Visibility</b> <u>10</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> <u>2300</u> ft                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals |                                                                                                                                                                                                                                                     | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown                                     |                                                               |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Icing Forecast</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Amount</b><br/> <input checked="" type="radio"/> None<br/> <input type="radio"/> Trace<br/> <input type="radio"/> Light<br/> <input type="radio"/> Moderate<br/> <input type="radio"/> Severe<br/> <input type="radio"/> Unknown             </div> <div style="flex: 1;"> <b>Type</b><br/> <input type="radio"/> N/A<br/> <input type="radio"/> Rime<br/> <input type="radio"/> Clear<br/> <input type="radio"/> Mixed<br/> <input type="radio"/> Unknown             </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                   | <b>Icing Actual</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Amount</b><br/> <input checked="" type="radio"/> None<br/> <input type="radio"/> Trace<br/> <input type="radio"/> Light<br/> <input type="radio"/> Moderate<br/> <input type="radio"/> Severe<br/> <input type="radio"/> Unknown             </div> <div style="flex: 1;"> <b>Type</b><br/> <input type="radio"/> N/A<br/> <input type="radio"/> Rime<br/> <input type="radio"/> Clear<br/> <input type="radio"/> Mixed<br/> <input type="radio"/> Unknown             </div> </div>                                   |                                                                                                                                                                                                                                                     | <b>Turbulence</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Type</b> (Check all that apply)<br/> <input checked="" type="checkbox"/> None<br/> <input type="checkbox"/> Clear Air<br/> <input type="checkbox"/> Terrain-Induced<br/> <input type="checkbox"/> Convective Turbulence             </div> <div style="flex: 1;"> <b>Severity</b><br/> <input type="checkbox"/> Light<br/> <input type="checkbox"/> Moderate<br/> <input type="checkbox"/> Severe<br/> <input type="checkbox"/> Extreme             </div> </div> |                                                               |                                                                                                                                                                                                                                                                                                                                                                     |
| <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br>OTM runways 4 and 22 closed<br>OTM HIWAS out of service<br>OTM runway 13 end identifier lights out of service<br>OTM ILS runway 31 outer marker decommissioned<br>various OTM instrument approach procedure amendments for circling minimums due to a temporary crane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                                                                                                                                                                                                                                                                                                     |

| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |
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| <b>Aircraft Damage</b><br><input type="radio"/> None <input checked="" type="radio"/> Substantial<br><input type="radio"/> Minor <input type="radio"/> Destroyed<br><input type="radio"/> <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Aircraft Fire</b><br><input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown | <b>Aircraft Explosion</b><br><input checked="" type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown |
| <b>Description of Damage to Aircraft and Other Property</b> <i>(Use additional sheet if necessary)</i><br><br><p>Hard landing resulting in substantial damage to right wing including visible "ripple" contours on top of right wing, denting on bottom of right wing, and possible internal structural damage unknown at this time. In addition, rudder authority was lost after impact requiring the use of differential braking to steer the aircraft on the ground.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |
| <b>NARRATIVE HISTORY OF FLIGHT</b> <i>(Please type or print in ink)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |
| <p>Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and location, services obtained, and intended destination. Provide as much detail as possible.</p> <p>On the morning of September 21, 2016 I had a 9:30am flight scheduled with a student who is currently working toward a Commercial Pilot's certificate. We planned to fly two separate times that morning: once in a complex Piper Cherokee Arrow (N3803T) and later in a Piper Cherokee Warrior in preparation for the student's practical test.</p> <p>In preparation for the flights we discovered a NOTAM for runways 4 and 22 closed at Ottumwa Regional Airport (KOTM). The winds at the time we departed were reported from the Ottumwa ASOS as being 200 at 10 knots, so we chose to depart from runway 13 rather than 22. After completing the preflight inspection and engine run-up we taxied to runway 13, departed at approximately 10:00am central time with no issues, and began touch and go's on runway 13, staying in a closed traffic pattern. The terrain around the Ottumwa Regional Airport is primarily flat with a combination of farm ground and scattered timber.</p> <p>After approximately three relatively uneventful landings, we chose to practice a power-off 180-degree accuracy landing. The student misjudged the sink rate of the aircraft and elected to perform an uneventful go-around procedure. After traveling the pattern again, we attempted a second power-off 180-degree accuracy landing. The student kept a much tighter pattern on this attempt to compensate for the sink rate. As we turned a close base to final on runway 13 we lost airspeed, putting the aircraft on the edge of a stall as noted by a flickering stall warning light.</p> <p>I remarked that the student needed to correct the situation by saying "Nose down, nose down", and tried to give the student enough time to correct the mistake fearing that taking the controls unnecessarily would put undue stress on the student's confidence as they were nearing their practical test. I waited too long to take control of the aircraft and as I did take the controls we entered into a stall, while still in a slight left bank from finishing the base to final turn and at approximately 10 feet above the runway surface.</p> <p>The aircraft stalled and touched down on the runway with the left main tire first. When the left main tire impacted, it acted as fulcrum, swinging the right main tire and nose wheel down for a strong impact. As the impact occurred we lost rudder authority and used differential braking to steer the aircraft off of runway 13 and on to taxiway B. At that time, we shut down the aircraft and called the FBO who pulled the aircraft to the hangar.</p> |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |

| RECOMMENDATION (How could this accident/incident have been prevented?)                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|--------------------------------------------|-----------------------------------------------|-----------------------------|---------------------------|--|-------------------------------|-------------------------------|----------------------------------|--|
| <p>Operator/Owner Safety Recommendation</p> <p>Increased emphasis from the instructor on stall characteristics and prevention techniques could have lead the student to recognize the condition before it progressed to an unsafe level. Sooner intervention on the part of the instructor could have stopped the decay of airspeed soon enough to prevent the stall all together.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| <p>Was there Mechanical Malfunction/Failure?   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> <p><i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i></p>                                                                                                                                              | <p><b>Total Time/Cycles On Part</b></p> <p>_____ Hours</p> <p>_____ Cycles</p> <hr/> <p><b>Time Since This Part Inspected/Overhauled</b></p> <p>_____ Hours</p>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| FUEL & SERVICES INFORMATION                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| <p><b>Fuel on Board at Last Takeoff</b><br/><i>(Convert from pounds, as necessary)</i></p> <p>50 _____ Gallons</p>                                                                                                                                                                                                                                                                     | <p><b>Fuel Type</b></p> <table style="width: 100%;"> <tr> <td><input type="radio"/> 80/87</td> <td><input type="radio"/> 115/145</td> <td><input type="radio"/> Jet B</td> <td><input type="radio"/> Other, specify _____</td> </tr> <tr> <td><input checked="" type="radio"/> 100 Low Lead</td> <td><input type="radio"/> Jet A</td> <td><input type="radio"/> JP8</td> <td></td> </tr> <tr> <td><input type="radio"/> 100/130</td> <td><input type="radio"/> Jet A-1</td> <td><input type="radio"/> Automotive</td> <td></td> </tr> </table> | <input type="radio"/> 80/87                                                                                                                                                                                                                                                 | <input type="radio"/> 115/145              | <input type="radio"/> Jet B    | <input type="radio"/> Other, specify _____ | <input checked="" type="radio"/> 100 Low Lead | <input type="radio"/> Jet A | <input type="radio"/> JP8 |  | <input type="radio"/> 100/130 | <input type="radio"/> Jet A-1 | <input type="radio"/> Automotive |  |
| <input type="radio"/> 80/87                                                                                                                                                                                                                                                                                                                                                            | <input type="radio"/> 115/145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Jet B                                                                                                                                                                                                                                                 | <input type="radio"/> Other, specify _____ |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| <input checked="" type="radio"/> 100 Low Lead                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Jet A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="radio"/> JP8                                                                                                                                                                                                                                                   |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| <input type="radio"/> 100/130                                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Jet A-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Automotive                                                                                                                                                                                                                                            |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| <p><b>Other Services, if Any, Prior to Departure</b></p>                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| EVACUATION OF AIRCRAFT                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| <p>Was an emergency evacuation of the aircraft performed?   <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| <p><b>Method of Exit</b> – Describe how the occupants exited and how many occupants evacuated each location</p>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> aircraft)                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                             |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| <p><b>Aircraft Registration Number</b></p> <p>_____</p>                                                                                                                                                                                                                                                                                                                                | <p><b>Manufacturer:</b> _____</p> <p><b>Model:</b> _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Damage to Other Aircraft</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Destroyed</td> <td><input type="checkbox"/> Minor</td> </tr> <tr> <td><input type="checkbox"/> Substantial</td> <td><input type="checkbox"/> None</td> </tr> </table> | <input type="checkbox"/> Destroyed         | <input type="checkbox"/> Minor | <input type="checkbox"/> Substantial       | <input type="checkbox"/> None                 |                             |                           |  |                               |                               |                                  |  |
| <input type="checkbox"/> Destroyed                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Minor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                             |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| <input type="checkbox"/> Substantial                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                             |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |
| <p><b>Registered Owner of Other Aircraft</b></p> <p>Name: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>Country: _____</p>                                                                                                                                                                                                                                            | <p><b>Pilot of Other Aircraft</b></p> <p>Name: _____</p> <p>City: _____</p> <p>State: _____ ZIP: _____</p> <p>Country: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                             |                                            |                                |                                            |                                               |                             |                           |  |                               |                               |                                  |  |

**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

|                                                                              |                                                                                                                                                                                             |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date of this Report</b><br><u>09/21/2016</u><br><small>mm/dd/yyyy</small> | <b>Name of Pilot/Operator:</b> <u>Colt Brown</u><br><b>Signature:</b> <u>[REDACTED]</u><br><small>-- or --</small> <input type="checkbox"/> Check here to electronically sign this document |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If a Person Other than Pilot/Operator is Filing Report

|                                                                                                  |                     |
|--------------------------------------------------------------------------------------------------|---------------------|
| <b>Name:</b> _____                                                                               | <b>Title:</b> _____ |
| <b>Signature:</b> _____                                                                          |                     |
| <small>-- or --</small> <input type="checkbox"/> Check here to electronically sign this document |                     |

**FOR NTSB USE ONLY**

|                                                 |                                                |                                              |                                          |
|-------------------------------------------------|------------------------------------------------|----------------------------------------------|------------------------------------------|
| <b>NTSB Accident/Incident No.</b><br>GAA16CA501 | <b>Reviewed by NTSB Regional Office</b><br>GAA | <b>Name of Investigator</b><br>ADAM GERHARDT | <b>Date Report Received</b><br>9/26/2016 |
|-------------------------------------------------|------------------------------------------------|----------------------------------------------|------------------------------------------|