

# 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: JACKSONVILLE State: FL  
 ZIP: 32221 Country: USA  
 Latitude: 30.279015 Longitude: -81.80779  
 (Enter in decimal degrees or degrees:minutes:seconds)

### Accident/Incident Date/Time

Date: 05/27/2016 Local Time: 1400  
 mm/dd/yyyy  
 Time Zone: EST

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

## AIRCRAFT INFORMATION

Registration Number: N 808 ET

Manufacturer: DIAMOND

Model: DA-40

Serial Number: \_\_\_\_\_

Year of Manufacture: 2007

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

- ☐ IFR-Equipped and Certified  
☐ Commercial Space Flight  
☐ Unmanned Aircraft

Maximum Gross Weight: \_\_\_\_\_ lbs

Weight at Time of Accident/Incident: \_\_\_\_\_ lbs

Number of Seats: \_\_\_\_\_ Flight Crew Seats: \_\_\_\_\_

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_

Number of Engines: \_\_\_\_\_

### Category of Aircraft

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

### Type of Airworthiness Certificate (Check all that apply)

- | Standard                                   | Special                                           |
|--------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted               |
| <input type="checkbox"/> Aerobatic         | <input type="checkbox"/> Limited                  |
| <input type="checkbox"/> Balloon           | <input type="checkbox"/> Provisional              |
| <input type="checkbox"/> Commuter          | <input type="checkbox"/> Special Flight           |
| <input type="checkbox"/> Transport         | <input type="checkbox"/> Experimental             |
| <input type="checkbox"/> Utility           | <input type="checkbox"/> Special Light-Sport      |
|                                            | <input type="checkbox"/> Experimental Light-Sport |
- ☐ Certificate of Authorization or Waiver (COA)  
☒ None ☐ Unknown

### Landing Gear (Check all that apply)

- ☐ Retractable  
☒ Tricycle ☐ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel  
☐ Other Launch/Recovery System  
☐ None ☐ Unknown

### Engine Type (Select one)

- ☒ Reciprocating ☐ Liquid Rocket  
☐ Turbo Shaft ☐ Solid Rocket  
☐ Turbo Prop ☐ Hybrid Rocket  
☐ Turbo Jet ☐ None  
☐ Turbo Fan ☐ Unknown  
☐ Electric

### Fuel System Type (Reciprocating)

- ☐ Carburetor ☒ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>LYCOMING</u>     | <u>10-360</u>       |                              |                            | <u>180</u>                                                                                           | <u>512</u>            | <u>49</u>                            | <u>0</u>            |
| Eng. 2 | <u>N/A</u>          |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 3 | <u>N/A</u>          |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 06/2015  
 mm/dd/yyyy

Airframe Total Time: 513 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: MT

Model: MT-1

ELT Installed: ☒ Yes ☐ No

If Yes:

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

Model or Part No.: \_\_\_\_\_

TSO No.: ☒ C91 (121.5 MHz) ☐ C91a (121.5 MHz)  
☐ OC126 (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

### Propeller 2

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: N/A

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

### 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Registered Aircraft Owner</b><br>Name: <u>RTB TRADING Co., LLC</u><br>Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City: <u>JACKSONVILLE</u><br>State: <u>FL</u> ZIP: <u>32223</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>Name: <u>RICHARD BRACONE</u><br>Doing Business As: <u>RTB TRADING Co., LLC</u><br>Air Carrier/Operator Designator (4 Character Code): <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Same Address as Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft | <b>Regulation Flight Conducted Under</b><br><input checked="" type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 415<br><input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> FAR 431<br><input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> FAR 435<br><input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> FAR 437<br><input type="checkbox"/> FAR 91 Special Flight<br><input type="checkbox"/> Non-US, Commercial<br><input type="checkbox"/> Non-US, Non-commercial<br><input type="checkbox"/> Public Aircraft <i>(Select one)</i><br><input type="checkbox"/> Armed Forces<br><input type="checkbox"/> Federal<br><input type="checkbox"/> State<br><input checked="" type="checkbox"/> Local<br><input type="checkbox"/> Unknown | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Domestic<br><input type="checkbox"/> Non-Scheduled or Air Taxi <input type="checkbox"/> International<br><br><input type="checkbox"/> Passenger <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Cargo<br><input type="checkbox"/> Mail Contract Only                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Purpose of Flight for FAR 91, 103, 133, 137</b><br><i>(Select one)</i><br><input type="checkbox"/> Aerial Application <input type="checkbox"/> Firefighting <input type="checkbox"/> Unknown<br><input type="checkbox"/> Aerial Observation <input type="checkbox"/> Flight Test<br><input type="checkbox"/> Air Drop <input type="checkbox"/> Glider Tow<br><input type="checkbox"/> Air Race/Show <input type="checkbox"/> Instructional<br><input type="checkbox"/> Banner Tow <input type="checkbox"/> Other Work Use<br><input type="checkbox"/> Business <input checked="" type="checkbox"/> Personal<br><input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Positioning<br><input type="checkbox"/> External Load <input type="checkbox"/> Skydiving<br><input type="checkbox"/> Ferry |  |
| <b>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Airport Name: <u>HERLONG</u><br>Airport Identifier: <u>KHEG</u><br>Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Distance From Airport Center: <u>0</u> sm<br>Direction From Airport: <u>07</u> degrees true<br>Airport Elevation: <u>81</u> ft. msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>Runway Information</b><br>Runway ID: <u>07</u> (L/R/C) Length: <u>4000</u> ft Width: <u>100</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm<br><input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy<br><input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy<br><input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet<br><input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft<br><input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown                                                                                                       |  |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water<br><input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood<br><input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Approach/Departure Segment <i>(Select one)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach<br><input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input checked="" type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around<br><input type="radio"/> Initial Climb <input type="radio"/> <input type="radio"/> <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown)<br><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Crosswind <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice<br><input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS<br><input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual<br><input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Contact<br><input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Circling<br><input type="checkbox"/> RNAV <input type="checkbox"/> <input type="checkbox"/> Unknown                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go<br><input type="checkbox"/> Straight-In <input checked="" type="checkbox"/> Touch and Go<br><input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing<br><input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing<br><input checked="" type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing<br><input type="checkbox"/> <input type="checkbox"/> Unknown                                                                                                                                                                                          |  |

| "FLIGHT CREWMEMBER 1" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                   |                                                                                                                                                                                                                                                                                                                                     |                      |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|--|------------|--------|------------------|--------|-----------|------------|-----|---------|-----|---|---|----|----|---|---|---|------------------------|-----|-------|-----|---|---|----|----|---|---|---|--------------------|---|--|---|---|---|---|---|---|---|---|-----------------|--|--|--|--|--|--|--|--|--|--|--------------|---|--|---|---|---|---|---|---|---|---|--------------|---|--|---|---|---|---|---|---|---|---|---------------|---|--|---|---|---|---|---|---|---|---|
| <b>"Flight Crewmember 1" 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 1" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                   |                                                                                                                                                                                                                                                                                                                                     |                      |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| <b>"Flight Crewmember 1" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>RICHARD</u><br/>           Middle Initial: <u>T</u><br/>           Last Name: <u>BRACONE</u> </div> <div>           City of Residence: <u>JACKSONVILLE</u><br/>           State: <u>FL</u>    ZIP: <u>32223</u><br/>           Country: <u>USA</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Age at time of Accident/Incident: <u>57</u></div> <div>Date of Birth: <u>1/5/8</u> mm/dd/yyyy</div> </div> <div style="text-align: center; margin-top: 5px;">Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span></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 checked="" 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 type="radio"/> Lap only<br/> <input checked="" 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 type="radio"/> Lap only<br/> <input checked="" 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 checked="" type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                  |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| <b>Pilot Certificate(s) (Check all that apply)</b><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>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 checked="" type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown                                                                         |                      |       | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input 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>05/14/2014</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| <b>Medical Certificate Limitations</b><br><u>GLASSES FOR NEARSIGHT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                   |                                                                                                                                                                                                                                                                                                                                     |                      |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| <b>Medical Certificate Special Issuance</b><br><u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                   |                                                                                                                                                                                                                                                                                                                                     |                      |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>07/20/2015</u><br><small>mm/dd/yyyy</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                   |                                                                                                                                                                                                                                                                                                                                     |                      |       | <b>Flight Review Aircraft</b><br>Make: <u>DIAMOND</u><br>Model: <u>DA-40</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| <b>Airplane Rating(s) (Check all that apply)</b><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) (Check all that apply)</b><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) (Check all that apply)</b><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                                 |           |            | <b>Instructor Rating(s) (Check all that apply)</b><br><input 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                   |                                                                                                                                                                                                                                                                                                                                     |                      |       | <b>Student Endorsements (Include dates)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>573</td> <td>DIAMOND</td> <td>573</td> <td>0</td> <td>9</td> <td>72</td> <td>18</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>490</td> <td>DA-40</td> <td>490</td> <td>0</td> <td>7</td> <td>72</td> <td>18</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td></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> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>5</td> <td></td> <td>5</td> <td>0</td> <td>0</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 30 Days</td> <td>2</td> <td></td> <td>2</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td></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> </tbody> </table> |              |                   |                                                                                                                                                                                                                                                                                                                                     |                      |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | 573 | DIAMOND | 573 | 0 | 9 | 72 | 18 | 0 | 0 | 0 | Pilot in Command (PIC) | 490 | DA-40 | 490 | 0 | 7 | 72 | 18 | 0 | 0 | 0 | Time as Instructor | 0 |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days | 5 |  | 5 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | Last 30 Days | 2 |  | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | Last 24 Hours | 0 |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Flight Time (Enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | All Aircraft | This Make & Model | Airplane Single Engine                                                                                                                                                                                                                                                                                                              | Airplane Multiengine | Night | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | Rotorcraft | Glider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lighter Than Air |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                   |                                                                                                                                                                                                                                                                                                                                     |                      |       | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Simulated |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 573          | DIAMOND           | 573                                                                                                                                                                                                                                                                                                                                 | 0                    | 9     | 72                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 18        | 0          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 490          | DA-40             | 490                                                                                                                                                                                                                                                                                                                                 | 0                    | 7     | 72                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 18        | 0          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0            |                   | 0                                                                                                                                                                                                                                                                                                                                   | 0                    | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0         | 0          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                   |                                                                                                                                                                                                                                                                                                                                     |                      |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5            |                   | 5                                                                                                                                                                                                                                                                                                                                   | 0                    | 0     | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0         | 0          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2            |                   | 2                                                                                                                                                                                                                                                                                                                                   | 0                    | 0     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0         | 0          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0            |                   | 0                                                                                                                                                                                                                                                                                                                                   | 0                    | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0         | 0          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |     |         |     |   |   |    |    |   |   |   |                        |     |       |     |   |   |    |    |   |   |   |                    |   |  |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |  |   |   |   |   |   |   |   |   |              |   |  |   |   |   |   |   |   |   |   |               |   |  |   |   |   |   |   |   |   |   |

| "FLIGHT CREWMEMBER 2" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|--|------------|--------|------------------|--------|-----------|------------|--|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|
| <b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b><br><input 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 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>N/A</u><br/>           Middle Initial: _____<br/>           Last Name: _____         </div> <div>           City of Residence: _____<br/>           State: _____ ZIP: _____<br/>           Country: _____         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">           Age at time of Accident/Incident: _____           Date of Birth: _____ mm/dd/yyyy         </div> <div style="text-align: center; margin-top: 5px;">           Certificate Number: _____         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Degree of Injury</b><br><input 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 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 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 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>Pilot Certificate(s)</b> (Check all that apply)<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 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 type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                         |           |            | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Limitations</b><br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Medical Certificate Special Issuance</b><br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> _____ mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     | <b>Flight Review Aircraft</b><br>Make: _____<br>Model: _____                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | <b>Other Aircraft Rating(s)</b><br><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 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><div style="display: flex;"> <div style="flex: 1;"> <input 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             </div> <div style="flex: 1;"> <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> </div> |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <b>Type Ratings</b><br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       | <b>Student Endorsements</b> (Include dates)<br><div style="height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| <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 (Enter appropriate number of hours in each box)</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="padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |                                                                                                                                                                                                                                |                  | Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time |  |  |  |  |  |  |  |  |  |  | Pilot in Command (PIC) |  |  |  |  |  |  |  |  |  |  | Time as Instructor |  |  |  |  |  |  |  |  |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days |  |  |  |  |  |  |  |  |  |  | Last 30 Days |  |  |  |  |  |  |  |  |  |  | Last 24 Hours |  |  |  |  |  |  |  |  |  |  |
| Flight Time (Enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | All Aircraft | This Make & Model                                                                                                                                                                                                                                                                                                                  | Airplane Single Engine                                                                                                                                                                                                              | Airplane Multiengine                                                                                                                                                                                               | Night | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | Rotorcraft | Glider                                                                                                                                                                                                                         | Lighter Than Air |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Simulated |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |                                                                                                                                                                                                                                |                  |                                                             |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |

| <b>ADDITIONAL FLIGHT CREWMEMBERS</b> (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |     |                                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Crew Name and Address</b> <i>N/A</i><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                          |                                                                                                                                                            | <b>Seat Occupied</b><br><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                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                 | <b>Injury</b><br><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)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport </div> <div> <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer </div> </div> |  |  |                                                                                                                                          |                                                                                                                                                            | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <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="flex: 1;"> <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><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                          |                                                                                                                                                            | <b>Seat Occupied</b><br><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                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                 | <b>Injury</b><br><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)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport </div> <div> <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer </div> </div> |  |  |                                                                                                                                          |                                                                                                                                                            | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <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="flex: 1;"> <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>PASSENGER(S) / OTHER PERSONNEL</b> (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>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><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>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><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>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><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>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |  |

|                                                                                                                       |                                                                        |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KHEB</u><br>City: <u>JAX</u><br>State: <u>FL</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>1330</u><br>Time Zone: <u>EST</u> | <b>Destination</b><br>Airport ID: <u>KHEB</u><br>City: <u>JAX</u><br>State: <u>FL</u><br>Country: <u>USA</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 checked="" type="radio"/> No <input type="radio"/> Unknown |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                    |                                          |                                                         |                                                   |                                                       |
|------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> <i>(Check all that apply)</i>                 |                                          |                                                         |                                                   |                                                       |
| <input checked="" type="checkbox"/> None                                           | <input type="checkbox"/> Special VFR     | <input type="checkbox"/> Special IFR                    | <input type="checkbox"/> VFR Flight Following     | <input type="checkbox"/> Cruise                       |
| <input type="checkbox"/> VFR                                                       | <input type="checkbox"/> IFR             | <input type="checkbox"/> VFR On Top                     | <input type="checkbox"/> Traffic Advisory         | <input type="checkbox"/> Unknown / NA                 |
| <b>Airspace where the accident/incident occurred</b> <i>(Check all that apply)</i> |                                          |                                                         |                                                   | <b>Altitude of In-Flight Occurrence:</b> _____ ft msl |
| <input type="checkbox"/> Class A                                                   | <input type="checkbox"/> Class G         | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |                                                       |
| <input type="checkbox"/> Class B                                                   | <input type="checkbox"/> Demo Area       | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |                                                       |
| <input type="checkbox"/> Class C                                                   | <input type="checkbox"/> Warning Area    | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                  |                                                       |
| <input type="checkbox"/> Class D                                                   | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> TRSA                           |                                                   |                                                       |
| <input checked="" type="checkbox"/> Class E                                        | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> FAR 93                         |                                                   |                                                       |

|                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |                                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)                                                                                                                                                                                                                                                                           |                                                                                                                                                                                 | <b>Weather Observation Facility</b>                                                                                                                                                |  |
| <input checked="" type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input checked="" type="checkbox"/> TV/Radio<br><input checked="" type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input checked="" type="checkbox"/> On-Board Weather | <input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown | Facility ID: <u>KYES</u><br>Observation Time: <u>1400</u><br>Time Zone: <u>EST</u><br>Distance from Accident Site: <u>0</u> nm<br>Direction from Accident Site: _____ 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 checked="" type="radio"/> Dawn<br><input type="radio"/> Day<br><input type="radio"/> Dusk<br><input type="radio"/> Night<br><input type="radio"/> Dark Night<br><input type="radio"/> Bright Night<br><input type="radio"/> Unknown |  |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear<br><input type="radio"/> Few<br><input type="radio"/> Partial Obscuration<br><input type="radio"/> Scattered<br><input type="radio"/> Thin Broken<br><input type="radio"/> Thin Overcast<br><input type="radio"/> Unknown |  | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear)<br><input type="radio"/> Broken<br><input type="radio"/> Overcast<br><input type="radio"/> Obscured<br><input type="radio"/> Indefinite<br><input type="radio"/> Unknown                             |  |
| <b>Lowest Cloud Condition Height</b><br>_____ ft agl                                                                                                                                                                                                                                                  |  | <b>Ceiling Height</b><br>_____ ft agl                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                       |  | <b>Temperature:</b> _____ (C) or <u>+ 80°</u> (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ in. Hg<br>or _____ MB                                                                                                               |  |

|                                                                                                              |                                                                                                                                                  |                                                                                               |                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br><br>-or-<br>Direction: <u>050</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input checked="" type="checkbox"/> Light and Variable<br><br>-or-<br>Speed: <u>10</u> kts | <b>Wind Gusts</b><br><input type="checkbox"/> Not Gusting<br><br>-or-<br>Speed: <u>14</u> kts | <b>Visibility</b> <u>10</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><br><b>Density Altitude:</b> _____ ft |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                            |                                                                                                                                                                                      |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Intensity of Precipitation</b>                                                                                                                          | <b>Type of Precipitation</b> (Check all that apply)                                                                                                                                  |                                                                                                                                                                                                    | <b>Restriction to Visibility</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                          |
| <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 | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br><input type="checkbox"/> Hail<br><input type="checkbox"/> Rain Showers | <input type="checkbox"/> Drizzle<br><input type="checkbox"/> Ice Pellets<br><input type="checkbox"/> Snow Pellets<br><input type="checkbox"/> Snow Grains<br><input type="checkbox"/> Ice Crystals | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Blowing Dust<br><input type="checkbox"/> Blowing Sand<br><input type="checkbox"/> Blowing Snow<br><input type="checkbox"/> Blowing Spray<br><input type="checkbox"/> Dust<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Haze<br><input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Unknown |

|                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Icing Forecast</b><br><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<br><br><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 |  | <b>Icing Actual</b><br><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<br><br><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 |  | <b>Turbulence</b><br><b>Type (Check all that apply)</b><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Clear Air<br><input type="checkbox"/> Terrain-Induced<br><input type="checkbox"/> Convective Turbulence<br><br><b>Severity</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Extreme |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

---

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

- ☐ None      ☐ Substantial  
☒ Minor      ☐ Destroyed  
                 ☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

CLIPPED A RW SIGN WITH LEFT WING AND  
CRACKED LEADING EDGE

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

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

SEE ATTACHED

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

Operator/Owner Safety Recommendation

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

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

**Total Time/Cycles  
On Part**

\_\_\_\_\_ Hours  
\_\_\_\_\_ Cycles

**Time Since This Part  
Inspected/Overhauled**

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

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

\_\_\_\_\_ 50 Gallons

**Fuel Type**

☒ 80/87 ☐ 115/145 ☐ Jet B ☐ Other, specify \_\_\_\_\_  
☒ 100 Low Lead ☐ Jet A ☐ JP8  
☐ 100/130 ☐ Jet A-1 ☐ Automotive

**Other Services, if Any, Prior to Departure****EVACUATION OF AIRCRAFT**

Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)****Aircraft Registration Number**

N/A

**Manufacturer:** \_\_\_\_\_**Model:** \_\_\_\_\_**Damage to Other Aircraft**

☐ Destroyed ☐ Minor  
☐ Substantial ☐ None

**Registered Owner of Other Aircraft**

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

**Pilot of Other Aircraft**

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

**ADDITIONAL INFORMATION** (Please type or print in ink)

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

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

Date of this Report

11/30/2016  
mm/dd/yyyy

Name of Pilot/Operator

Signature: 

-- or --

☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

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

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

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

-- or --

☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

GAA16CA528

Reviewed by NTSB Regional Office

GAA

Name of Investigator

ADAM GERHARDT

Date Report Received

12/12/2016

**Incident report for 808-ET, Richard Bracone, on 5/27/16**

1. On 5/27/2016, at approximately 1330 EST, 808-ET, a Diamond Star DA-40 XL with PIC Richard Bracone, the only occupant, began the flight at Herlong Airport as follows.
2. I, Richard Bracone, entered the aircraft and closed the canopy, and started the engine.
3. I then checked the local weather (ATIS), winds were 050 at 10kts. gusting to 14 kts., no problem. I then set both Altimeters.
4. I then taxied to Runway 07, and after warm up, completed the Run Up check, everything was fine.
5. Performed a normal takeoff on RW 07, at approximately 1340 EST, to stay in the pattern, for Touch & Go's (T&G), advised of my intentions on CTAF, as this is a non-towered airport.
6. All intended turns (to crosswind, downwind, base, and final) were called just prior to beginning the turns.
7. At approximately 1348, I completed the first T&G, perfectly, with half Flaps, due to wind.
8. I then took off again, and set up for my second T&G on the downwind leg at approximately 1356 EST. I decided that since the winds were picking up I would use no flaps on this landing.
9. On final approach, I noticed a crosswind from the left, and compensated by lowering the left wing. Apparently too much, as I scraped the tie down ring on the runway. I then raised the left wing.
10. Upon touchdown, a crosswind blew me to the right of the centerline and continued to blow my wheels to the right of the runway lights. I counteracted by slowing the aircraft, to avoid damage to any RW lights, but did not notice the Runway Sign I was approaching.
11. I then hit the Runway sign, with the leading edge of my Left wing, causing an open crack nearly the full length of the wing.
12. At this point I decided the Maintenance Facility should check the aircraft for damage, so I taxied the plane there. There were NO Injuries sustained.
13. It wasn't until I got out of the aircraft that I noticed the damage.
14. After discussing the incident with the Maintenance Facility Director (Robert Schwartz), I reported to the FBO, where I completed a form they supplied. I assumed that was my accident report, and did not contact the FAA at that time. Obviously, I was wrong.
15. I then noticed that the wind was 14 kts. steady from 050. I understand it picked up more that afternoon.
16. While my decision to land with no flaps caused excessive speed. It also prevented further damage to the wing during contact with the RW sign.