

| <b>NATIONAL TRANSPORTATION SAFETY BOARD</b><br><b>PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT</b><br><b>This form to be used for reporting civil and public aircraft accidents and incidents</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <b>BASIC INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>ALPINE COUNTY AIRPORT</u> State: <u>CALIF.</u><br>ZIP: <u>95120</u> Country: <u>ALPINE COUNTY</u><br>Latitude: <u>38.7354</u> Longitude: <u>118.7569</u><br><i>(Enter in decimal degrees or degrees:minutes:seconds)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                                                                                                                                                                                                                                                     | <b>Accident/Incident Date/Time</b><br>Date: <u>01/21/2017</u> Local Time: <u>1400</u><br><i>mm/dd/yyyy</i> Time Zone: <u>PCP</u><br><b>Collision with Other Aircraft:</b> <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |        |             |      |             |            |    |        |    |      |        |  |  |  | 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| <b>AIRCRAFT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| <b>Registration Number:</b> <u>56230</u><br><b>Manufacturer:</b> <u>CESSNA</u><br><b>Model:</b> <u>C-140A</u><br><b>Serial Number:</b> <u>15556</u><br><b>Year of Manufacture:</b> <u>1950</u><br><b>Amateur-Built:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes: <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> IFR-Equipped and Certified<br><input type="checkbox"/> Commercial Space Flight<br><input type="checkbox"/> Unmanned Aircraft<br><b>Maximum Gross Weight:</b> <u>1450</u> lbs<br><b>Weight at Time of Accident/Incident:</b> <u>1225</u> lbs<br><b>Number of Seats:</b> <u>2</u> Flight Crew Seats: <u>2</u><br>Cabin Crew Seats: <u>0</u> Passenger Seats: <u>0</u><br><b>Number of Engines:</b> <u>1</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |        |             |      |             |            |    |        |    |      |        |  |  |  | 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| <b>Category of Aircraft</b><br><input checked="" type="radio"/> Airplane<br><input type="radio"/> Balloon<br><input type="radio"/> Blimp/Dirigible<br><input type="radio"/> Glider<br><input type="radio"/> Gyroplane<br><input type="radio"/> Helicopter<br><input type="radio"/> Powered Lift<br><input type="radio"/> Rocket<br><input type="radio"/> Ultralight<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Standard</b><br/> <input checked="" type="checkbox"/> Normal<br/> <input type="checkbox"/> Aerobatic<br/> <input type="checkbox"/> Balloon<br/> <input type="checkbox"/> Commuter<br/> <input type="checkbox"/> Transport<br/> <input checked="" type="checkbox"/> Utility               </td> <td style="width: 50%; vertical-align: top;"> <b>Special</b><br/> <input type="checkbox"/> Restricted<br/> <input type="checkbox"/> Limited<br/> <input type="checkbox"/> Provisional<br/> <input type="checkbox"/> Special Flight<br/> <input type="checkbox"/> Experimental<br/> <input type="checkbox"/> Special Light-Sport<br/> <input type="checkbox"/> Experimental Light-Sport               </td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> None <input type="checkbox"/> Unknown |                              | <b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Aerobatic<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Commuter<br><input type="checkbox"/> Transport<br><input checked="" type="checkbox"/> Utility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Light-Sport<br><input type="checkbox"/> Experimental Light-Sport                                                                                                         | <b>Landing Gear</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> Retractable<br><input type="checkbox"/> Tricycle <input checked="" type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Other Launch/Recovery System<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown |                                   | <b>Engine Type (Select one)</b><br><input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket<br><input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket<br><input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket<br><input type="radio"/> Turbo Jet <input type="radio"/> None<br><input type="radio"/> Turbo Fan <input type="radio"/> Unknown<br><input type="radio"/> Electric<br><b>Fuel System Type (Reciprocating)</b><br><input type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |                  |        |             |      |             |            |    |        |    |      |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>Standard</b><br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Aerobatic<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Commuter<br><input type="checkbox"/> Transport<br><input checked="" type="checkbox"/> Utility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Light-Sport<br><input type="checkbox"/> Experimental Light-Sport |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Engine</th> <th style="width: 20%;">Engine Manufacturer</th> <th style="width: 20%;">Engine Model/Series</th> <th style="width: 20%;">Manufacturer's Serial Number</th> <th style="width: 10%;">Date of Mfg.<br/><i>mm/dd/yyyy</i></th> <th style="width: 10%;">Rated Power<br/><input checked="" type="radio"/> Horsepower or<br/><input type="radio"/> lbs of Thrust</th> <th style="width: 10%;">Total Time (hours)</th> <th style="width: 10%;">Time Since:<br/>Inspection (hours)</th> <th style="width: 10%;">Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng. 1</td> <td>Continental</td> <td>C-90</td> <td>42263-01-14</td> <td>02/27/1964</td> <td>90</td> <td>1038.6</td> <td>34</td> <td>1023</td> </tr> <tr> <td>Eng. 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng. 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Engine                                                                                                                                                                                                                                                                                                                     | Engine Manufacturer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Engine Model/Series          | Manufacturer's Serial Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date of Mfg.<br><i>mm/dd/yyyy</i>                                                                                                                                                                                                                                                                                                                                                                                                  | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total Time (hours)                | Time Since:<br>Inspection (hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Overhaul (hours) | Eng. 1 | Continental | C-90 | 42263-01-14 | 02/27/1964 | 90 | 1038.6 | 34 | 1023 | Eng. 2 |  |  |  |  |  |  |  |  | Eng. 3 |  |  |  |  |  |  |  |  | Eng. 4 |  |  |  |  |  |  |  |  | <b>Last Inspection Type</b><br><input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness<br><input type="radio"/> AAIP <input type="radio"/> Conditional Inspection<br><input checked="" type="radio"/> Annual <input type="radio"/> Unknown<br><b>Date Last Inspection:</b> <u>07/20/2016</u><br><i>mm/dd/yyyy</i><br><b>Airframe Total Time:</b> <u>1076</u> hrs<br>hours measured at <i>(Select one)</i><br><input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident |  | <b>Propeller 1</b> <input checked="" type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable<br>Manufacturer: <u>McCULLY</u><br>Model: <u>QW7152</u><br><b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable<br>Manufacturer: _____<br>Model: _____ |  |
| Engine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Engine Manufacturer                                                                                                                                                                                                                                                                                                        | Engine Model/Series                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust                                                                                                                                                                                                                                                                                                                               | Total Time (hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Time Since:<br>Inspection (hours) | Overhaul (hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |        |             |      |             |            |    |        |    |      |        |  |  |  | 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| Eng. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Continental                                                                                                                                                                                                                                                                                                                | C-90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 42263-01-14                  | 02/27/1964                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 90                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1038.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 34                                | 1023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |        |             |      |             |            |    |        |    |      |        |  |  |  | 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| Eng. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Eng. 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Eng. 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>Type of Maintenance Program (Select one)</b><br><input checked="" type="radio"/> Annual<br><input type="radio"/> Conditional (Amateur-built only)<br><input type="radio"/> Manufacturer's Inspection Program<br><input type="radio"/> Other Approved Inspection Program (AAIP)<br><input type="radio"/> Continuous Airworthiness<br><input type="radio"/> Other, specify: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                            | <b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No<br>If Yes:<br><b>ELT Manufacturer:</b> <u>ACK-ELT</u><br><b>Model or Part No.:</b> <u>E-01 S/N 25568</u><br><b>TSO No.:</b> <input checked="" type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz)<br><input type="radio"/> C126 (406 MHz)<br><b>Was ELT still mounted in aircraft?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No<br><b>Was ELT still connected to antenna?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No<br><b>Did ELT Activate?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No<br>If activated:<br><b>Did ELT Aid in Locating Aircraft?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No<br>If not activated:<br><b>Indicate Reason:</b> <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage<br><input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown                                  |                              | <b>Additional Equipment (Check all that apply)</b><br><input type="checkbox"/> ADS-B<br><input type="checkbox"/> Airframe Parachute<br><input type="checkbox"/> Angle of Attack Indicator<br><input type="checkbox"/> Autopilot<br><input type="checkbox"/> Data Recorder<br><input type="checkbox"/> Electronic Flight Bag or Handheld Device<br><input type="checkbox"/> Electronic Multifunction Display<br><input type="checkbox"/> Electronic Primary Flight Display<br><input type="checkbox"/> Handheld GPS<br><input type="checkbox"/> Heads Up Display<br><input type="checkbox"/> Onboard Weather<br><input type="checkbox"/> Satellite Tracking Device<br><input type="checkbox"/> Stall Warning System<br><input type="checkbox"/> Video Recording Device<br><input type="checkbox"/> Other, Specify: _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |        |             |      |             |            |    |        |    |      |        |  |  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| <b>Description of Fire Extinguishing System</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Specify: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: LARRY C LINDENBERG MARION F LINDENBERGCity: WASHOE VALLEYState: NEVADAZIP: 89704Fractional Ownership Aircraft: ☐ Yes ☐ NoCountry: WASHOE**Operator of Aircraft**☒ Same As Registered Owner☐ Same Address as Registered Owner

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

City: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

Country: \_\_\_\_\_

**Operating Certificates Held**

(Check all that apply)

- ☒ None  
☐ Flag Carrier Operating Certificate (FAR 121)  
☐ Supplemental  
☐ Air Cargo  
☐ Foreign Air Carriers (FAR 129)  
☐ Rotorcraft External Load (FAR 133)  
☐ Commuter Air Carrier (FAR 135)  
☐ On-Demand Air Taxi (FAR 135)  
☐ Commercial Air Tour (FAR 136)  
☐ Agricultural Aircraft (FAR 137)  
☐ Pilot School (FAR 141)  
☐ Certificate of Authorization or Waiver (COA)  
☐ Commercial Space Transportation  
     Experimental Permit  
☐ Commercial Space Transportation License  
☐ Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- ☒ FAR 91    ☐ FAR 129    ☐ FAR 415  
☐ FAR 103    ☐ FAR 133    ☐ FAR 431  
☐ FAR 121    ☐ FAR 135    ☐ FAR 435  
☐ FAR 125    ☐ FAR 137    ☐ FAR 437

- ☐ FAR 91 Special Flight  
☐ Non-US, Commercial  
☐ Non-US, Non-commercial

☐ Public Aircraft (Select one)

- ☐ Armed Forces  
☐ Federal  
☐ State  
☐ Local

☐ Unknown**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- ☐ Scheduled or Commuter    ☐ Domestic  
☐ Non-Scheduled or Air Taxi    ☐ International

- ☐ Passenger  
☐ Cargo  
☐ Mail Contract Only

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

(Select one)

- ☐ Aerial Application    ☐ Firefighting    ☒ Unknown  
☐ Aerial Observation    ☐ Flight Test  
☐ Air Drop    ☐ Glider Tow  
☐ Air Race/Show    ☐ Instructional  
☐ Banner Tow    ☐ Other Work Use  
☐ Business    ☐ Personal  
☐ Executive/Corporate    ☐ Positioning  
☐ External Load    ☐ Skydiving  
☐ Ferry

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: ALPINE COUNTY AIRPORTAirport Identifier: M45Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

Distance From Airport Center: \_\_\_\_\_ sm

Direction From Airport: \_\_\_\_\_ degrees true

Airport Elevation: \_\_\_\_\_ ft. msl

**Runway Information**Runway ID: 35 (L/R/C) Length: 5557 ft Width: 50 ft**Runway/Landing Surface (Check all that apply)**

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

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

- ☐ Dry    ☐ Snow-Compacted    ☐ Water-Calm  
☐ Holes    ☒ Snow-Crusted    ☐ Water-Choppy  
☐ Ice Covered    ☐ Snow-Dry    ☐ Water-Glassy  
☐ Rough    ☐ Snow-Wet    ☐ Wet  
☐ Rubber Deposits    ☐ Soft  
☐ Slush-Covered    ☐ Vegetation    ☐ Unknown

**Approach/Departure Segment (Select one)**

- ☐ Taxi    ☐ VFR Departure    ☐ On Instrument Approach    ☐ Downwind    ☒ Low Approach  
☐ Takeoff    ☐ IFR Departure Procedure/Clearance    ☐ Landing    ☐ Base    ☐ Go Around  
☐ Initial Climb    ☐ Crosswind    ☐ Aborted Landing (after touchdown)  
☐ Unknown

**IFR Approach (Check all that apply)**

- ☒ None  
☐ ADF/NDB    ☐ PAR    ☐ MLS    ☐ Practice  
☐ SDF    ☐ Sidestep    ☐ LDA    ☐ GPS  
☐ VOR/TVOR    ☐ ILS    ☐ ASR  
☐ VOR/DME    ☐ Localizer Only    ☐ Visual  
☐ TACAN    ☐ LOC-back course    ☐ Contact  
☐ RNAV    ☐ Circling  
☐ Unknown

**VFR Approach (Check all that apply)**

- ☐ None  
☒ Traffic Pattern    ☐ Stop and Go  
☐ Straight-In    ☐ Touch and Go  
☐ Valley/Terrain Following    ☐ Simulated Forced Landing  
☒ Go Around    ☐ Forced Landing  
☐ Full Stop    ☐ Precautionary Landing  
☐ Unknown

**"FLIGHT CREWMEMBER 1" INFORMATION****"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

☒ Pilot   ☐ Co-Pilot   ☐ Student Pilot   ☐ Flight Instructor   ☐ Check Pilot   ☐ Flight Engineer   ☐ Other Flight Crew

**"Flight Crewmember 1" was pilot flying**   ☐ Yes   ☐ No

**"Flight Crewmember 1" Identification**

First Name: LARRY

City of Residence: Washoe Valley

Middle Initial: C

State: Nevada

ZIP: 89704

Last Name: Lindenberg

Country: USA

Age at time of Accident/Incident: 75

Date of Birth: 1940 mm/dd/yyyy

Certificate Number:                     

**Degree of Injury**

☒ None   ☐ Fatal  
☐ Minor   ☐ Unknown  
☐ Serious

**Seat Occupied**

☒ Left   ☐ Front   ☐ Unknown  
☐ Right   ☐ Rear  
☐ Center   ☐ Single

**Restraint Type****Available**

☐ None  
☐ Lap only  
☐ 3-point  
☒ 4-point  
☐ 5-point  
☐ Unknown

**Used**

☐ None  
☐ Lap only  
☐ 3-point  
☒ 4-point  
☐ 5-point  
☐ Unknown

**Inflatable Restraints**

☒ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

**Pilot Certificate(s) (Check all that apply)**

☐ None   ☒ Flight Instructor   ☒ Commercial   ☐ US Military  
☐ Private   ☐ Recreational   ☐ Airline Transport   ☐ Foreign  
☐ Student   ☐ Sport   ☐ Flight Engineer

**Principal Occupation**

☒ Pilot  
☐ Other  
☐ Unknown

**Medical Certificate**

☒ None   ☐ Class 3  
☐ Class 1   ☐ Driver's License (Sport Pilot only)  
☐ Class 2   ☐ Unknown

**Medical Certificate Validity**

☒ Without limitations/waivers   ☐ Unknown  
☐ With limitations/waivers   ☐ N/A  
☐ Special Issuance

**Date of Last Medical**

11/14/2016  
mm/dd/yyyy

**Medical Certificate Limitations**

Must wear corrective lenses

**Medical Certificate Special Issuance**

**Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks:**

10/29/2016  
mm/dd/yyyy

**Flight Review Aircraft**

Make: Cessna

Model: C-75

**Airplane Rating(s)  
(Check all that apply)**

☐ None  
☒ Single-Engine Land  
☐ Single-Engine Sea  
☒ Multiengine Land  
☐ Multiengine Sea

**Other Aircraft Rating(s)  
(Check all that apply)**

☐ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

**Instrument Rating(s)  
(Check all that apply)**

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

**Instructor Rating(s)  
(Check all that apply)**

☐ None  
☒ Airplane Single-Engine  
☒ Airplane Multi-Engine  
☐ Gyroplane  
☐ Powered Lift  
☒ Instrument Airplane  
☐ Instrument Helicopter  
☐ Helicopter  
☐ Glider  
☐ Sport

**Type Ratings****Student Endorsements (Include dates)**

| 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                                                  | 0            | 0                 | 0                      | 0                    | 0     |            |           |            |        |                  |
| Pilot in Command (PIC)                                      | 0            |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                          | 0            |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 0            |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               |              |                   |                        |                      |       |            |           |            |        |                  |

**"FLIGHT CREWMEMBER 2" INFORMATION****"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

☐ Pilot
 ☐ Co-Pilot
 ☐ Student Pilot
 ☐ Flight Instructor
 ☐ Check Pilot
 ☐ Flight Engineer
 ☒ Other Flight Crew

"Flight Crewmember 2" was pilot flying ☐ Yes ☒ No

**"Flight Crewmember 2" Identification**First Name: None

City of Residence: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy

Certificate Number: \_\_\_\_\_

**Degree of Injury**

☒ None
 ☐ Fatal  
☐ Minor
 ☐ Unknown  
☐ Serious

**Seat Occupied**

☐ Left
 ☐ Front
 ☒ Unknown  
☐ Right
 ☐ Rear  
☐ Center
 ☐ Single

**Restraint Type****Available**

☐ None  
☐ Lap only  
☐ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

**Used**

☐ None  
☐ Lap only  
☐ 3-point  
☐ 4-point  
☐ 5-point  
☐ Unknown

**Inflatable Restraints**

☐ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

**Pilot Certificate(s)** (Check all that apply)

☐ None
 ☐ Flight Instructor
 ☐ Commercial
 ☐ US Military  
☐ Private
 ☐ Recreational
 ☐ Airline Transport
 ☐ Foreign  
☐ Student
 ☐ Sport
 ☐ Flight Engineer

**Principal Occupation**

☐ Pilot  
☐ Other  
☐ Unknown

**Medical Certificate**

☐ None
 ☐ Class 3  
☐ Class 1
 ☐ Driver's License (Sport Pilot only)  
☐ Class 2
 ☐ Unknown

**Medical Certificate Validity**

☐ Without limitations/waivers
 ☐ Unknown  
☐ With limitations/waivers
 ☐ N/A  
☐ Special Issuance

**Date of Last Medical**

mm/dd/yyyy

**Medical Certificate Limitations****Medical Certificate Special Issuance****Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:**

mm/dd/yyyy

**Flight Review Aircraft**

Make: \_\_\_\_\_

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

**Airplane Rating(s)**

(Check all that apply)  
☒ None  
☒ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

**Other Aircraft Rating(s)**

(Check all that apply)  
☐ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

**Instrument Rating(s)**

(Check all that apply)  
☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

**Instructor Rating(s)**

(Check all that apply)  
☐ None  
☐ Airplane Single-Engine  
☐ Airplane Multi-Engine  
☐ Gyroplane  
☐ Powered Lift  
☐ Instrument Airplane  
☐ Instrument Helicopter  
☐ Helicopter  
☐ Glider  
☐ Sport

**Type Ratings****Student Endorsements** (Include dates)**Flight Time** (Enter appropriate number of hours in each box)

All Aircraft

This Make &amp; Model

Airplane Single Engine

Airplane Multiengine

Night

Instrument  
Actual Simulated

Rotorcraft

Glider

Lighter Than Air

Total Time

0

Pilot in Command (PIC)

Time as Instructor

0

This Make/Model

Last 90 Days

0

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>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                          | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Injury</b>                                                                                                                                                                                                                  |                                                                                                                                                                   |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                          | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |                                                                                                                                                                   |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                                                                          | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                   |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |                                                                                                                                                                   |
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                          | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Injury</b>                                                                                                                                                                                                                  |                                                                                                                                                                   |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                          | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |                                                                                                                                                                   |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                                                                          | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                    | <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><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                           | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                   | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                           | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                   | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                           | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                   | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                                                                           | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                   | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <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 |

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>CKP</u><br>City: <u>CARSON CITY</u><br>State: <u>NEVADA</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  | <b>Time of Departure</b><br>Time: <u>1800</u><br>Time Zone: <u>PST</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       | <b>Destination</b><br>Airport ID: <u>MINDEN KVEV</u><br>City: <u>MINDEN</u><br>State: <u>NEVADA</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 (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> None</div> <div style="width: 50%;"><input type="checkbox"/> Special VFR</div> <div style="width: 50%;"><input type="checkbox"/> Special IFR</div> <div style="width: 50%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 50%;"><input type="checkbox"/> Cruise</div> <div style="width: 50%;"><input checked="" type="checkbox"/> VFR</div> <div style="width: 50%;"><input type="checkbox"/> IFR</div> <div style="width: 50%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 50%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 50%;"><input type="checkbox"/> Unknown / NA</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Class A</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Class G</div> <div style="width: 33%;"><input type="checkbox"/> Military Operations Area (MOA)</div> <div style="width: 33%;"><input type="checkbox"/> Special</div> <div style="width: 33%;"><input type="checkbox"/> Class B</div> <div style="width: 33%;"><input type="checkbox"/> Demo Area</div> <div style="width: 33%;"><input type="checkbox"/> Airport Advisory Area</div> <div style="width: 33%;"><input type="checkbox"/> Air Traffic Control Area</div> <div style="width: 33%;"><input type="checkbox"/> Class C</div> <div style="width: 33%;"><input type="checkbox"/> Warning Area</div> <div style="width: 33%;"><input type="checkbox"/> Jet Training Area</div> <div style="width: 33%;"><input type="checkbox"/> Unknown</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Class D</div> <div style="width: 33%;"><input type="checkbox"/> Prohibited Area</div> <div style="width: 33%;"><input type="checkbox"/> TRSA</div> <div style="width: 33%;"></div> <div style="width: 33%;"><input type="checkbox"/> Class E</div> <div style="width: 33%;"><input type="checkbox"/> Restricted Area</div> <div style="width: 33%;"><input type="checkbox"/> FAR 93</div> </div> |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Altitude of In-Flight Occurrence:</b><br><u>4781</u> ft msl |                                                                                                                                                                                                                                                                                                                                                                                |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input checked="" type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> On-Board Weather<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ 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 type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br><u>12000</u> ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                       | <b>Temperature:</b> <u>0</u> (C) or <u>32</u> (F)<br><b>Dew Point:</b> <u>26.7</u> (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>30.7</u> in. Hg<br>or _____ MB                                                                                                                                                                                                                                                                                                                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Variable<br>-or-<br>Direction: <u>270</u> degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: <u>7</u> kts | <b>Wind Gusts</b><br><input type="checkbox"/> Not Gusting<br>-or-<br>Speed: <u>7</u> kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Visibility</b> <u>100</u> miles<br>RVR: <u>5871</u> feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input type="radio"/> N/A<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  | <b>Type of Precipitation (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals |                                                                                                                                                                                                       | <b>Restriction to Visibility (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Icing Forecast</b><br>Amount: <input checked="" type="radio"/> None <input type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                  | <b>Icing Actual</b><br>Amount: <input checked="" type="radio"/> None <input type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown                                                                                                                                                                                                                     |                                                                                                                                                                                                       | <b>Turbulence</b><br>Type (Check all that apply):<br><input type="checkbox"/> None <input type="checkbox"/> Clear Air<br><input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence<br>Severity:<br><input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe <input type="checkbox"/> Extreme                                                                                                                          |                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
| <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br>none                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                                                                                                                                                                                                                                                                                                                                                |

**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)*

Propeller, vertical stabilizer, cowling, minor wing damage, dent in elevator, fuel tank vent, possible motor damage, need inspection

**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.

I had just finished some air work 6 miles south west of KMEV and noticed the lake next to M45, we use this airport to teach strange field approach and density altitude safety by making a low approach at 300 ft to check minimum climb rate of 300 ft per minute or more. I entered the left pattern 5700 ft. I saw tracks in the snow on the runway, I wanted to check the runway for future use. I pulled carb heat and the throttle to 1800 rpm and made a normal pattern to 35, rounded out at about 4 ft over the runway. The wind was from 270 at about 7kn, feeling that I put a slip in to stay over the runway. this lowered the left wheel, this and the berm from the tracks and the rise in the runway caused the wheel to contact the frozen snow pulling the nose down and contacting the runway. What was I doing at 4 ft? I have been thinking about that day and night.

**RECOMMENDATION (How could this accident/incident have been prevented?)****Operator/Owner Safety Recommendation**

Exploring area for any cause, always have a safety pilote with you, any distraction will get you sooner or later.

**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)*

25 gallons \_\_\_\_\_ 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**

none

**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

shut down all systems, open doors, off belts, crawl out, walk around at a distance to check for fire or smoke

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

**Aircraft Registration Number**

**Manufacturer:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

**Damage to Other Aircraft**

☐ Destroyed      ☐ 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.

times could not be put in box

total time 4068.1

last 90 days 111.6

time as instructor 1711.0

this make /model 68.0

multi 656.7

tail wheel 626.0

night 457.

actual inst. 449.4

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE****Date of this Report****Name of Pilot/Operator:** Larry Lindenberg01/20/2017mm/dd/yyyy**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.**

GAA17CA118

**Reviewed by NTSB Regional Office**

GAAID

**Name of Investigator**

HICKS, M.

**Date Report Received**

20JAN2017