

# NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: ARBOR VITAE State: WI

ZIP: 54568 Country: VILAS

Latitude: 45.93°N Longitude: 89.73 W

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

### Accident/Incident Date/Time

Date: 4-9-17 Local Time: 1:00

mm/dd/yyyy

Time Zone: CENTRAL

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

## AIRCRAFT INFORMATION

Registration Number: N 9363K

Manufacturer: Stinson

Model: 108-2

Serial Number: 108-2363

Year of Manufacture: 1948

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

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

Maximum Gross Weight: 2230 lbs

Weight at Time of Accident/Incident: 1980 lbs

Number of Seats: 4 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 2

Number of Engines: 1

### Category of Aircraft

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

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

- Standard**  
☒ Normal  
☐ Aerobatic  
☐ Balloon  
☐ Commuter  
☐ Transport  
☐ Utility
- Special**  
☐ Restricted  
☐ Limited  
☐ Provisional  
☐ Special Flight  
☐ Experimental  
☐ Special Light-Sport  
☐ Experimental Light-Sport
- ☐ Certificate of Authorization or Waiver (COA)  
☐ None ☐ Unknown

### Landing Gear

(Check all that apply)

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

### Engine Type (Select one)

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

### Fuel System Type (Reciprocating)

- ☒ Carburetor ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | FRANKLIN            | 6A4-165-B3          | 30644                        |                            | 165                                                                                                  | 2824.5                | 84.5                                 | 84.5                |
| Eng. 2 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 5-1-16

mm/dd/yyyy

Airframe Total Time: 2824.5 hrs

hours measured at (Select one)

☐ Last Inspection ☒ Time of Accident/Incident

### Type of Maintenance Program (Select one)

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

### Description of Fire Extinguishing System

- ☒ None  
☐ Specify: \_\_\_\_\_

### Propeller 1

- ☒ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: McCaulley

Model: LA170/DM7649

ELT Installed: ☒ Yes ☐ No

If Yes: Dorne & McGowan

ELT Manufacturer: McCaulley

Model or Part No.: LA170/DM7649

TSO No.: ☒ C91 (121.5 MHz) ☐ C91a (121.5 MHz)  
☐ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

- Indicate Reason: ☐ Impact Damage  
☐ Fire Damage  
☐ Battery Expired/Damaged  
☐ Unknown

### Propeller 2

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: N/A

Model: N/A

### Additional Equipment (Check all that apply)

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <b>GENERAL INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Registered Aircraft Owner</b><br>Name: <u>MARK C Petersen</u><br>Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| City: <u>Minocqua</u><br>State: <u>WI</u> ZIP: <u>54548</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner <input type="checkbox"/> Same Address as Registered Owner<br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation<br><input type="checkbox"/> Experimental Permit<br><input checked="" type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft | <b>Regulation Flight Conducted Under</b><br><input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415<br><input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431<br><input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435<br><input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437<br><input type="radio"/> FAR 91 Special Flight<br><input type="radio"/> Non-US, Commercial<br><input type="radio"/> Non-US, Non-commercial<br><input type="radio"/> Public Aircraft <i>(Select one)</i><br><input type="radio"/> Armed Forces<br><input type="radio"/> Federal<br><input type="radio"/> State<br><input type="radio"/> Local<br><input type="radio"/> Unknown | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic<br><input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International<br><input type="radio"/> Passenger<br><input type="radio"/> Cargo<br><input type="radio"/> Mail Contract Only                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Purpose of Flight for FAR 91, 103, 133, 137</b><br><i>(Select one)</i><br><input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Unknown<br><input type="radio"/> Aerial Observation <input type="radio"/> Flight Test<br><input type="radio"/> Air Drop <input type="radio"/> Glider Tow<br><input type="radio"/> Air Race/Show <input checked="" type="radio"/> Instructional<br><input type="radio"/> Banner Tow <input type="radio"/> Other Work Use<br><input type="radio"/> Business <input type="radio"/> Personal<br><input type="radio"/> Executive/Corporate <input type="radio"/> Positioning<br><input type="radio"/> External Load <input type="radio"/> Skydiving<br><input type="radio"/> Ferry |
| <b>Air Medical Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 5 miles of an airport)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Airport Name: <u>ROBERT F. LEE Memorial Airport</u><br>Airport Identifier: <u>KARV</u><br>Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Distance From Airport Center: <u>on airport</u> sm<br>Direction From Airport: <u>on airport</u> degrees true<br>Airport Elevation: <u>1630</u> ft. msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Runway Information</b><br>Runway ID: <u>36</u> (L/R/C) Length: <u>5150</u> ft Width: <u>100</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm<br><input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy<br><input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy<br><input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet<br><input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft<br><input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown                                      |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water<br><input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown<br><input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Approach/Departure Segment</b> <i>(Select one)</i><br><input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach<br><input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input checked="" type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around<br><input type="radio"/> Initial Climb <input type="radio"/> Final <input type="radio"/> Aborted Landing (after touchdown)<br><input type="radio"/> Crosswind <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice<br><input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS<br><input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Visual<br><input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Contact <input type="checkbox"/> Circling<br><input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> RNAV <input type="checkbox"/> Unknown                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Traffic Pattern <input checked="" type="checkbox"/> Stop and Go<br><input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go<br><input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Simulated Forced Landing<br><input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing<br><input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing<br><input type="checkbox"/> Unknown                                                                                                                                                                        |

5

| "FLIGHT CREWMEMBER 2" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
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| <b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input checked="" type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>"Flight Crewmember 2" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>"Flight Crewmember 2" Identification</b><br>First Name: <u>MIKE MELAU</u> City of Residence: <u>ARBOR VITAE</u><br>Middle Initial: <u>L</u> State: <u>WI</u> ZIP: <u>54508</u><br>Last Name: <u>MELAU</u> Country: <u>USA</u><br>Age at time of Accident/Incident: <u>48</u> Date of Birth: <u>1969</u> mm/dd/yyyy<br>Certificate Number: <u>                    </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                      |                        | <b>Restraint Type</b><br><table style="width:100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </td> <td> <input type="radio"/> None<br/> <input checked="" type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </td> </tr> </table> |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Available                                                     | Used       | <input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="radio"/> None<br><input checked="" type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Used                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="radio"/> None<br><input checked="" type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <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 checked="" 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>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                             | <b>Medical Certificate</b><br><input type="radio"/> None <input checked="" type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown                                                                         |                        | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Date of Last Medical</b><br><u>5-13-2016</u><br>mm/dd/yyyy |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Medical Certificate Limitations</b><br><div style="text-align: center; font-size: 1.2em;">Corrective Lenses</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Medical Certificate Special Issuance</b><br><div style="text-align: center; font-size: 1.5em;">N/A</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>2-26-2016</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        | <b>Flight Review Aircraft</b><br>Make: <u>Cessna</u><br>Model: <u>182RG</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                             | <b>Other Aircraft Rating(s)</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                        | <b>Instrument Rating(s)</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       | <b>Instructor Rating(s)</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift <input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |                                                               |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <b>Type Ratings</b><br><div style="text-align: center; font-size: 1.5em;">/</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       | <b>Student Endorsements</b> (Include dates)<br><div style="text-align: center; font-size: 1.5em;">/</div>                                                                                                                                                                                                                                                                                                                                                                            |                                                               |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>238.9</td> <td>1.0</td> <td>238.9</td> <td>0</td> <td>8.8</td> <td>0</td> <td>3.9</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>187.0</td> <td>0</td> <td>187.0</td> <td>0</td> <td>8.8</td> <td>0</td> <td>3.9</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>5</td> <td>0</td> <td>5</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 30 Days</td> <td>4.3</td> <td>0</td> <td>4.3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             | Flight Time (Enter appropriate number of hours in each box)                                                                                                                                                                               | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |  | Rotorcraft | Glider | Lighter Than Air | Actual | Simulated | Total Time | 238.9 | 1.0 | 238.9 | 0 | 8.8 | 0 | 3.9 | 0 | 0 | 0 | Pilot in Command (PIC) | 187.0 | 0 | 187.0 | 0 | 8.8 | 0 | 3.9 | 0 | 0 | 0 | Time as Instructor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days | 5 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Last 30 Days | 4.3 | 0 | 4.3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Last 24 Hours | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Flight Time (Enter appropriate number of hours in each box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | All Aircraft                                                                                                                                                                                                | This Make & Model                                                                                                                                                                                                                                                                                                                   | Airplane Single Engine | Airplane Multiengine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Night | Instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               | Rotorcraft | Glider                                                                                                                                                                                                      | Lighter Than Air                                                                                                                                                                                            |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       | Actual                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Simulated                                                     |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 238.9                                                                                                                                                                                                       | 1.0                                                                                                                                                                                                                                                                                                                                 | 238.9                  | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8.8   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3.9                                                           | 0          | 0                                                                                                                                                                                                           | 0                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 187.0                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                   | 187.0                  | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8.8   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3.9                                                           | 0          | 0                                                                                                                                                                                                           | 0                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                                                                                                                   | 0                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                             | 0          | 0                                                                                                                                                                                                           | 0                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                                                                                                                   | 5                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                             | 0          | 0                                                                                                                                                                                                           | 0                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4.3                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                   | 4.3                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                             | 0          | 0                                                                                                                                                                                                           | 0                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                                                                                                                   | 0                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                             | 0          | 0                                                                                                                                                                                                           | 0                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |              |                   |                        |                      |       |            |  |            |        |                  |        |           |            |       |     |       |   |     |   |     |   |   |   |                        |       |   |       |   |     |   |     |   |   |   |                    |   |   |   |   |   |   |   |   |   |   |                 |  |  |  |  |  |  |  |  |  |  |              |   |   |   |   |   |   |   |   |   |   |              |     |   |     |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |   |   |

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Crew Name and Address                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                     |                                                                                                                                                                       | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                 |  | Injury                                                                                                                                                                                                                                                                                                                                        |
| 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"/> 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                                                                                                                                                                                    |
| Pilot Certificate(s) (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                     |                                                                                                                                                                       | Restraint Type:                                                                                                                                                                                                                                                                                                                                                                                               |  | Inflatable Restraints                                                                                                                                                                                                                                                                                                                         |
| <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 |  |                                                                                                                                                     |                                                                                                                                                                       | Available: <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown<br>Used: <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <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                                                                                                                                                |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                     | Total Flight Time at the Time of this Accident/Incident: _____ hrs                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                               |
| Crew Name and Address                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                     |                                                                                                                                                                       | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                 |  | Injury                                                                                                                                                                                                                                                                                                                                        |
| 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"/> 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                                                                                                                                                                                    |
| Pilot Certificate(s) (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                     |                                                                                                                                                                       | Restraint Type:                                                                                                                                                                                                                                                                                                                                                                                               |  | Inflatable Restraints                                                                                                                                                                                                                                                                                                                         |
| <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 |  |                                                                                                                                                     |                                                                                                                                                                       | Available: <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown<br>Used: <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <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                                                                                                                                                |
| Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                     | Total Flight Time at the Time of this Accident/Incident: _____ hrs                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                               |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                               |
| Name and Address                                                                                                                                                                                                                                                                                                                                                                                                    |  | Seat                                                                                                                                                | Injury                                                                                                                                                                | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                |  | Inflatable Restraints                                                                                                                                                                                                                                                                                                                         |
| First Name: <u>MIKE McLAU</u> City: <u>ARBOR VITAE</u><br>Middle Initial: <u>L</u> State: <u>WI</u> ZIP: <u>54568</u><br>Last Name: <u>McLAU</u> Country: <u>USA</u><br><input checked="" type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                           |  | <input checked="" type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | Available: <input type="radio"/> None <input type="radio"/> Lap Only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown<br>Used: <input type="radio"/> None <input checked="" type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown |  | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: <u>MICHAEL</u> City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: <u>TAMBURINO</u> Country: _____<br><input checked="" type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                          |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input checked="" type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | Available: <input type="radio"/> None <input type="radio"/> Lap Only <input checked="" type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown<br>Used: <input type="radio"/> None <input checked="" type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown |  | <input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><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            | Available: <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown<br>Used: <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <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<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown            |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><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            | Available: <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown<br>Used: <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <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<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown            |

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KARV</u><br>City: <u>ARBOR VITAE</u><br>State: <u>WI</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Time of Departure</b><br>Time: <u>12:45</u><br>Time Zone: <u>CENTRAL</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  |
| <b>Destination</b><br>Airport ID: <u>KARV</u><br>City: <u>ARBOR VITAE</u><br>State: <u>WI</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 type="radio"/> No <input type="radio"/> Unknown                                                                                                                                                                                                                                  |                                                                                                  |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise<br><input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special<br><input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area<br><input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown<br><input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA<br><input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93 <b>Altitude of In-Flight Occurrence:</b> <u>1630</u> ft msl |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input type="checkbox"/> On-Board Weather                                                                                                                                                                                                                                                                                                                 |  | <b>Weather Observation Facility</b><br>Facility ID: _____<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>_____ 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>Wind Direction</b><br><input checked="" type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input checked="" type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts |
| <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>Icing Forecast</b><br><b>Amount</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown<br><b>Type</b><br><input type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Icing Actual</b><br><b>Amount</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown<br><b>Type</b><br><input type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown                                                                                                                                                                              |                                                                                                  |
| <b>Visibility</b> <u>+ 10</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <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>Turbulence</b><br><b>Type (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air<br><input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence<br><b>Severity</b><br><input 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><u>RUNWAY 28 PAPI OUT OF SERVICE</u><br><u>ILS RWY 36 DOUGY COM OUT OF SERVICE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |

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

- ☐ None  
☐ Minor  
☒ Substantial  
☐ Destroyed  
☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

LEFT wing . LEFT main gear lower cowl  
propeller dented BOOT COWL + FIRE WALL

**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 location, services obtained, and intended destination. Provide as much detail as possible.

UPON ROLL OUT HEARD A NOISE ON LEFT SIDE OF  
PLANE. THE PLANE VEERED LEFT - MIKE MELAN  
APPLIED RIGHT RUDDER + BRANE PLANE TURNED TO  
THE RIGHT - LEFT GEAR COLLAPSED LEFT WING  
MADE CONTACT WITH GROUND AND A PROP STRIKE  
OCCURRED.

| RECOMMENDATION (If more space is needed, continue on separate sheet)                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator/Owner Safety Recommendation<br><br><b>Scenario Based Simulator Training</b>                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                     |
| <b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on separate sheet)                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                     |
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)<br><br><b>possible TUBE Failure</b> |                                                                                                                                                                                                                                                                                                                                                      | Total Time/Cycles On Part<br><br>____ Hours<br>____ Cycles<br><br>Time Since This Part Inspected/Overhauled<br><br>____ Hours                                       |
| <b>FUEL &amp; SERVICES INFORMATION</b>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                     |
| Fuel on Board at Last Takeoff<br>(Convert from pounds, as necessary)<br><br><b>30</b> Gallons                                                                                                                                                | Fuel Type<br><input checked="" type="radio"/> 80/87 <input type="radio"/> 115/145 <input type="radio"/> Jet B <input type="radio"/> Other, specify _____<br><input type="radio"/> 100 Low Lead <input type="radio"/> Jet A <input type="radio"/> JP8<br><input type="radio"/> 100/130 <input type="radio"/> Jet A-1 <input type="radio"/> Automotive |                                                                                                                                                                     |
| Other Services, if Any, Prior to Departure<br><br><b>N/A</b>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                     |
| <b>EVACUATION OF AIRCRAFT</b>                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                     |
| Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                     |
| Method of Exit - Describe how the occupants exited and how many occupants evacuated each location<br><br><b>N/A</b>                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                     |
| <b>OTHER AIRCRAFT - COLLISION</b> (If air or ground collision occurred, complete this section for other aircraft)                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                     |
| Aircraft Registration Number                                                                                                                                                                                                                 | Manufacturer: _____<br>Model: _____                                                                                                                                                                                                                                                                                                                  | Damage to Other Aircraft<br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None |
| Registered Owner of Other Aircraft<br>Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                      | Pilot of Other Aircraft<br>Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                  |

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

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

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

Date of this Report

4-19-2017

mm/dd/yyyy

Name of Pilot/Operator: MICHAEL TAMBURINO

Signature: [REDACTED]

- or -

☐ Check here to electronically sign this document**If a Person Other than Pilot/Operator is Filing Report**

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

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

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

- or -

☐ Check here to electronically sign this document**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

GAA17CA224

Reviewed by NTSB Regional Office

GAA

Name of Investigator

ADAM GERHARDT

Date Report Received

4/19/2017