

# 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: Sidney State: NY

ZIP: 13838 Country: USA

Latitude: 42-18-19.3N Longitude: 075.24.57.5W

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

### Accident/Incident Date/Time

Date: 10/18/2017 Local Time: 5:15PM  
*mm/dd/yyyy*

Time Zone: Eastern

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

## AIRCRAFT INFORMATION

Registration Number: N37TP

Manufacturer: Parkhurst, Thomas G

Model: Kitfox Model 4-1200

Serial Number: ASC-199

Year of Manufacture: 2015

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

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

Maximum Gross Weight: 1200 lbs

Weight at Time of Accident/Incident: 1100 lbs

Number of Seats: 2 Flight Crew Seats: \_\_\_\_\_

Cabin Crew Seats: 1 Passenger Seats: 1

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 ☒ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel

☐ Other Launch/Recovery System

- ☒ None ☐ Unknown

### Engine Type *(Select one)*

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

### Fuel System Type *(Reciprocating)*

- ☒ Carburetor ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | Rotax               | 912                 | 4400034                      | 1995                              | 80                                                                                                   | 467                   | 7                                    | N/A                 |
| Eng. 2 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                                   |                                                                                                      |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 05/02/2017  
*mm/dd/yyyy*

Airframe Total Time: 81.0 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: IVO

Model: Ultralight 3 blade

### Propeller 2

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: Ameri-King Corp

Model or Part No.: AK-450

TSO No.: ☐ OC91 (121.5 MHz) ☒ OC91a (121.5 MHz)  
☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

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

### Additional Equipment *(Check all that apply)*

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Thomas G ParkhurstCity: GuilfordState: NYZIP: 13780Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered OwnerName: Thomas G Parkhurst

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

Doing Business As: N/A

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

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

Air Carrier/Operator Designator (4 Character Code): N/A

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

**Operating Certificates Held**

(Check all that apply)

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

**Regulation Flight Conducted Under**

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415  
☐ FAR 103 ☐ FAR 133 ☐ FAR 431  
☐ FAR 121 ☐ FAR 135 ☐ FAR 435  
☐ FAR 125 ☐ FAR 137 ☐ FAR 437
- ☐ FAR 91 Special Flight  
☐ Non-US, Commercial  
☐ Non-US, Non-commercial
- ☐ Public Aircraft (Select one)  
☐ Armed Forces  
☐ Federal  
☐ State  
☐ Local  
☐ Unknown

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

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic  
☐ Non-Scheduled or Air Taxi ☐ International
- ☐ Passenger  
☐ Cargo  
☐ Mail Contract Only

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

(Select one)

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

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**Airport Name: Sidney Municipal AirportDistance From Airport Center: Less than 1 smAirport Identifier: N23Direction From Airport: 180 degrees trueProximity to Airport: ☒ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/AAirport Elevation: 1026 ft. msl**Runway Information**Runway ID: 25 (L/R/C) Length: 4201 ft Width: 75 ft**Runway/Landing Surface (Check all that apply)**

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

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

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

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

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

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

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

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

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

### **“Flight Crewmember 1” Responsibilities at the Time of Accident/Incident**

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

### “Flight Crewmember 1” Identification

First Name: Thomas

City of Residence: Guilford

Middle Initial: G

State: NY ZIP: 13780

Last Name: Parkhurst

Country: USA

Age at time of Accident/Incident: 68 Date of Birth: 1949 mm/dd/yyyy

Certificate Number: [REDACTED]

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input checked="" type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single              |  | <b>Restraint Type</b><br><div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input checked="" type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown         </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input type="radio"/> 3-point<br/> <input checked="" type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown         </div> |  | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><div> <input type="checkbox"/> None    <input checked="" type="checkbox"/> Flight Instructor    <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Private    <input checked="" type="checkbox"/> Recreational    <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Student    <input checked="" type="checkbox"/> Sport    <input type="checkbox"/> Flight Engineer         </div> |  |                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                           |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input checked="" 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 type="radio"/> With limitations/waivers <input checked="" type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                               |  | <b>Date of Last Medical</b><br><u>10000000</u><br>mm/dd/yyyy                                                                                                                                                                              |

### Medical Certificate Limitations

**Medical Certificate Special Issuance**

|                                                                                                                       |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>07/08/2017</u><br><i>mm/dd/yyyy</i> | <b>Flight Review Aircraft</b><br><b>Make:</b> <u>M-Squared</u><br><b>Model:</b> <u>Breese</u> |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br><i>(Check all that apply)</i><br><input 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><br><i>(Check all that apply)</i><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><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input checked="" type="checkbox"/> Sport |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Type Ratings | Student Endorsements <i>(Include dates)</i> |
|--------------|---------------------------------------------|
|              |                                             |

| 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                                                  | 394          | 90                | 394                    |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      | 302          | 90                | 302                    |                      |       |            |           |            |        |                  |
| Time as Instructor                                          | 33           | 33                | 33                     |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 13           | 13                | 13                     |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 13           | 13                | 13                     |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 1            | 1                 | 1                      |                      |       |            |           |            |        |                  |

## “FLIGHT CREWMEMBER 2” INFORMATION

### “Flight Crewmember 2” Responsibilities at the Time of Accident/Incident

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

“Flight Crewmember 2” was pilot flying   ☐ Yes   ☐ No

### “Flight Crewmember 2” Identification

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                                                                  | <b>Restraint Type</b><br><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</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available                                         | Used                                | <input type="radio"/> None                     | <input type="radio"/> None       | <input type="radio"/> Lap only         | <input type="radio"/> Lap only             | <input type="radio"/> 3-point                   | <input type="radio"/> 3-point    | <input type="radio"/> 4-point  | <input type="radio"/> 4-point            | <input type="radio"/> 5-point | <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Unknown | <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                               |                                                           |                               |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------|------------------------------------------------|----------------------------------|----------------------------------------|--------------------------------------------|-------------------------------------------------|----------------------------------|--------------------------------|------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------|-------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Used                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Flight Instructor</td> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Flight Instructor        | <input type="checkbox"/> Commercial | <input type="checkbox"/> US Military           | <input type="checkbox"/> Private | <input type="checkbox"/> Recreational  | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign                | <input type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer |                               | <b>Medical Certificate</b><br><table style="width: 100%;"> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> Class 3</td> </tr> <tr> <td><input type="radio"/> Class 1</td> <td><input type="radio"/> Driver's License (Sport Pilot only)</td> </tr> <tr> <td><input type="radio"/> Class 2</td> <td><input type="radio"/> Unknown</td> </tr> </table> |                               | <input type="radio"/> None    | <input type="radio"/> Class 3                                                                                                                                                                                                  | <input type="radio"/> Class 1 | <input type="radio"/> Driver's License (Sport Pilot only) | <input type="radio"/> Class 2 | <input type="radio"/> Unknown |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Flight Instructor                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Commercial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> US Military              |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="checkbox"/> Private                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Recreational                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Airline Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Foreign                  |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="checkbox"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Sport                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="radio"/> Class 3                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> Class 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Driver's License (Sport Pilot only)                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> Class 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Medical Certificate Validity</b><br><table style="width: 100%;"> <tr> <td><input type="radio"/> Without limitations/waivers</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> With limitations/waivers</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Special Issuance</td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Without limitations/waivers | <input type="radio"/> Unknown       | <input type="radio"/> With limitations/waivers | <input type="radio"/> N/A        | <input type="radio"/> Special Issuance |                                            | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> Without limitations/waivers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> With limitations/waivers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |
| <input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                     |                                                |                                  |                                        |                                            |                                                 |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                         |                               |                               |                                                                                                                                                                                                                                |                               |                                                           |                               |                               |

### Medical Certificate Limitations

### Medical Certificate Special Issuance

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** \_\_\_\_\_ mm/dd/yyyy

### Flight Review Aircraft

**Make:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                   |                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <b>Other Aircraft Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br><i>(Check all that apply)</i><br><table style="width: 100%;"> <tr> <td> <input type="checkbox"/> None<br/> <input type="checkbox"/> Airplane Single-Engine<br/> <input type="checkbox"/> Airplane Multi-Engine<br/> <input type="checkbox"/> Gyroplane<br/> <input type="checkbox"/> Powered Lift                         </td> <td> <input type="checkbox"/> Instrument Airplane<br/> <input type="checkbox"/> Instrument Helicopter<br/> <input type="checkbox"/> Helicopter<br/> <input type="checkbox"/> Glider<br/> <input type="checkbox"/> Sport                         </td> </tr> </table> | <input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift | <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |
| <input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift                                                                 | <input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport                                                                                                                         |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                   |                                                                                                                                                                                                            |

### Type Ratings

### Student Endorsements *(Include dates)*

| Flight Time <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|--------------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                                    |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                         |              |                   |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                                 |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                                    |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                       |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                       |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                                      |              |                   |                        |                      |       |            |           |            |        |                  |

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                           |                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                     |                                                                                                                                                                       | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                           | <b>Injury</b>                                                                                                                                                                                                                  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                     |                                                                                                                                                                       | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                           | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input type="checkbox"/> Private<br/> <input type="checkbox"/> Student               </div> <div> <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Sport               </div> <div> <input type="checkbox"/> Commercial<br/> <input type="checkbox"/> Airline Transport<br/> <input type="checkbox"/> Flight Engineer               </div> <div> <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Foreign               </div> </div> |  |                                                                                                                                                     |                                                                                                                                                                       | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </div> </div> |                                                                                                                                                                                                           | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                           |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                           |                                                                                                                                                                                                                                |
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                     |                                                                                                                                                                       | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                           | <b>Injury</b>                                                                                                                                                                                                                  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                     |                                                                                                                                                                       | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                           | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None<br/> <input type="checkbox"/> Private<br/> <input type="checkbox"/> Student               </div> <div> <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Sport               </div> <div> <input type="checkbox"/> Commercial<br/> <input type="checkbox"/> Airline Transport<br/> <input type="checkbox"/> Flight Engineer               </div> <div> <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Foreign               </div> </div> |  |                                                                                                                                                     |                                                                                                                                                                       | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown               </div> </div> |                                                                                                                                                                                                           | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                           |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                           |                                                                                                                                                                                                                                |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                           |                                                                                                                                                                                                                                |
| <b>Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>Seat</b>                                                                                                                                         | <b>Injury</b>                                                                                                                                                         | <b>Restraint Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                           | <b>Inflatable Restraints</b>                                                                                                                                                                                                   |
| First Name: <u>Michael</u> City : <u>Newark Valley</u><br>Middle Initial: _____      State: <u>NY</u> ZIP: <u>13811</u><br>Last Name: <u>Tompkins</u> Country: <u>USA</u><br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew      <input checked="" type="radio"/> Passenger      <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                 |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input checked="" type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input checked="" type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input checked="" type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input checked="" type="radio"/> 4-point<br><input type="radio"/> 5-point<br><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 | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                       |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew      <input type="radio"/> Passenger      <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                            | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                       |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew      <input type="radio"/> Passenger      <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                            | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                       |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew      <input type="radio"/> Passenger      <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown<br><b>Used</b><br><input type="radio"/> None<br><input type="radio"/> Lap Only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                            | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown            | <input type="checkbox"/> Under 5 years<br><i>If Under 5,</i><br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                       |

## FLIGHT ITINERARY INFORMATION

|                                                                                                                         |                                                                              |                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>N23</u><br>City: <u>Sidney</u><br>State: <u>NY</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>4:30PM</u><br>Time Zone: <u>Eastern</u> | <b>Destination</b><br>Airport ID: <u>N23</u><br>City: <u>Sidney</u><br>State: <u>NY</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None<br><input type="radio"/> Company VFR<br><input type="radio"/> Military VFR<br><input type="radio"/> VFR<br><input type="radio"/> VFR/IFR<br><input type="radio"/> IFR<br><input type="radio"/> Unknown<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Type of ATC Clearance/Service** (Check all that apply)

|                                          |                                      |                                      |                                               |                                       |
|------------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input type="checkbox"/> VFR Flight Following | <input type="checkbox"/> Cruise       |
| <input type="checkbox"/> VFR             | <input type="checkbox"/> IFR         | <input type="checkbox"/> VFR On Top  | <input type="checkbox"/> Traffic Advisory     | <input type="checkbox"/> Unknown / NA |

**Airspace where the accident/incident occurred** (Check all that apply)

|                                  |                                          |                                                         |                                                   |
|----------------------------------|------------------------------------------|---------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Class A | <input type="checkbox"/> Class G         | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  |
| <input type="checkbox"/> Class B | <input type="checkbox"/> Demo Area       | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |
| <input type="checkbox"/> Class C | <input type="checkbox"/> Warning Area    | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                  |
| <input type="checkbox"/> Class D | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> TRSA                           |                                                   |
| <input type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> FAR 93                         |                                                   |

**Altitude of In-Flight Occurrence:** 1026 ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)<br><input type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input checked="" type="checkbox"/> Automated Report<br><input type="checkbox"/> Commercial Weather Service (DUATS)<br><input type="checkbox"/> On-Board Weather<br><input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown | <b>Weather Observation Facility</b><br>Facility ID: <u>AWOS</u><br>Observation Time: <u>4:15 pm</u><br>Time Zone: <u>Eastern</u><br>Distance from Accident Site: <u>Less than 1</u> nm<br>Direction from Accident Site: <u>250</u> degrees true |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                               |                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown | <b>Light Condition</b><br><input type="radio"/> Dawn<br><input checked="" type="radio"/> Day<br><input type="radio"/> Dusk<br><input type="radio"/> Night<br><input type="radio"/> Dark Night<br><input type="radio"/> Unknown |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                   |                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear<br><input type="radio"/> Few<br><input type="radio"/> Partial Obscuration<br><input type="radio"/> Scattered<br><input type="radio"/> Thin Broken<br><input type="radio"/> Thin Overcast<br><input type="radio"/> Unknown<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear)<br><input type="radio"/> Broken<br><input type="radio"/> Overcast<br><input type="radio"/> Obscured<br><input type="radio"/> Indefinite<br><input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl | <b>Temperature:</b> _____ (C) or <u>70</u> (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ in. Hg<br>or _____ MB |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                  |                                                                                                  |                                                                                                               |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: <u>250</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: <u>3</u> kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> <u>10</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

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

| <b>Icing Forecast</b><br><table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | Amount                        | Type | <input checked="" type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <b>Icing Actual</b><br><table border="0"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td><input checked="" type="radio"/> None</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Trace</td> <td><input type="radio"/> Rime</td> </tr> <tr> <td><input type="radio"/> Light</td> <td><input type="radio"/> Clear</td> </tr> <tr> <td><input type="radio"/> Moderate</td> <td><input type="radio"/> Mixed</td> </tr> <tr> <td><input type="radio"/> Severe</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td></td> </tr> </table> | Amount | Type | <input checked="" type="radio"/> None | <input type="radio"/> N/A | <input type="radio"/> Trace | <input type="radio"/> Rime | <input type="radio"/> Light | <input type="radio"/> Clear | <input type="radio"/> Moderate | <input type="radio"/> Mixed | <input type="radio"/> Severe | <input type="radio"/> Unknown | <input type="radio"/> Unknown |  | <b>Turbulence</b><br><b>Type</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Clear Air<br><input type="checkbox"/> Terrain-Induced<br><input type="checkbox"/> Convective Turbulence<br><b>Severity</b><br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Extreme |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------|---------------------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|---------------------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Type                          |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input checked="" type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> N/A     |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Trace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="radio"/> Rime    |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Light                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="radio"/> Clear   |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Moderate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Mixed   |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="radio"/> Unknown |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Type                          |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input checked="" type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> N/A     |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Trace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="radio"/> Rime    |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Light                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="radio"/> Clear   |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Moderate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Mixed   |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Severe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="radio"/> Unknown |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |      |                                       |                           |                             |                            |                             |                             |                                |                             |                              |                               |                               |  |                                                                                                                                                                                                                                                                                                                                                                                                          |

NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

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

- ☐ None      ☒ Substantial  
☐ Minor      ☐ Destroyed  
                 ☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

Serious structural damage to fuselage, rudder, prop, and wings.

**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.

Routine flight within 20 mile radius of N23.

Departure time 4:30 PM. No services obtained at the airport.

Local flight for the purpose of demonstration and sightseeing for myself and the passenger.

Return to the airport (N23) around 5:10PM.

During final approach to runway 25 it was observed that the medical helicopter was coming in to land near the gas pumps and an airplane was in the pattern for 25. Final approach was at about 75mph indicated which is correct for that airplane and at about 50-75 feet remaining altitude AGL. The airplane was slightly out of alignment to the left edge of 25. Engine RPM was at idle which is around 1800RPM, also correct for that engine.

Just prior to the accident:

I decided to add throttle to about 4000RPM to adjust alignment to the center of runway and reached for the throttle to add power. At that instant I remember noticing that the sun was just tangent to the horizon and extremely bright. My eyes were blinded and there is no memory of events for approximately 6 seconds. I estimated the 6 second time span by studying (after the crash) the security video from the ACCO Brands security cameras. At approximately 10 feet from impact in the ACCO parking lot my vision and memory returned, but of course there was nothing that could be done at that point.

Just after impact with terrain:

I remember being surprised that both my passenger and I had survived the crash. Mike was able to exit the wreckage on his own. I was getting help from an ACCO employee and then she was joined by a man that also helped. My left foot was tangled up with the 1/8" rudder cable that ran along the left side of the airplane. After getting my left foot freed up I exited the wreckage and moved away. By then we had numerous people that came rushing to the scene. I must have been experiencing some shock because I was not feeling much pain but there were some cuts, bruises and an impact wound on my face that turned out to be the most serious.

I'm having some difficulty remembering details and sequence of events following the accident but shortly after getting out of the airplane I was taken to the emergency room at Tri-Town Regional Hospital in Sidney for treatment.

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

Operator/Owner Safety Recommendation

When flying into full sun avoid direct eye contact. Perhaps alter the heading. Use sunglasses or visor if available. If a landing is involved consider alternate runway. It seems in this particular event there was a number of specific details occurring simultaneously that could have been overcome individually but the sum total set me up for a near disaster.

Possible solutions:

Sunglasses

Visor

Alter heading

Postpone landing

Use alternate runway, even consider downwind

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

**Total Time/Cycles  
On Part**

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part  
Inspected/Overhauled**

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(Convert from pounds, as necessary)

10 Gallons**Fuel Type**☒ 80/87☐ 115/145☐ Jet B☐ Other, specify \_\_\_\_\_☐ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive**Other Services, if Any, Prior to Departure****EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☒ Yes ☐ No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location

Help from volunteers at the scene.

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

\_\_\_\_\_

**Manufacturer:** \_\_\_\_\_**Model:** \_\_\_\_\_**Damage to Other Aircraft**☐ Destroyed☐ Minor☐ Substantial☐ None**Registered Owner of Other Aircraft**

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

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

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

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

**Pilot of Other Aircraft**

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

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

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

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

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

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

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

Date of this Report

11/02/2017

*mm/dd/yyyy*

Name of Pilot/Operator: Thomas G Parkhurst

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

-- or -- ☒ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

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

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

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

-- or -- ☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No.

GAA18CA015

Reviewed by NTSB Regional Office

GAA

Name of Investigator

ADAM GERHARDT

Date Report Received

11/3/2017