

**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: GALION MUNICIPAL AIRPORT State: OHIO

ZIP: 44833 Country: \_\_\_\_\_

Latitude: 82° 43' 43.20" Longitude: W 82° 43' 43"

(Enter in decimal degrees or degrees:minutes:seconds)  
N 40° 45.20'

**Accident/Incident Date/Time**

Date: 08-06-2018 Local Time: 11:00 AM  
mm/dd/yyyy

Time Zone: EASTERN

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

**AIRCRAFT INFORMATION**

Registration Number: N 454WS

Manufacturer: PETE SMYTHE/REVOLUTION AVIATION INC.

Model: TANGO II XR

Serial Number: 029

Year of Manufacture: 2015

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

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

Maximum Gross Weight: 2200 lbs

Weight at Time of Accident/Incident: 1500 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: \_\_\_\_\_ 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. mm/dd/yyyy | Rated Power <input type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|-------------------------------------------------------------------------------------|--------------------|-------------------------------------------------|
| Eng. 1 | <u>TITAN</u>        | <u>IOX370</u>       | <u>DIOX370-B432T</u>         | <u>03-06-2014</u>       | <u>205</u>                                                                          | <u>75</u>          | <u>NEW</u>                                      |
| Eng. 2 |                     |                     | <u>38601</u>                 |                         |                                                                                     |                    |                                                 |
| Eng. 3 |                     |                     |                              |                         |                                                                                     |                    |                                                 |
| Eng. 4 |                     |                     |                              |                         |                                                                                     |                    |                                                 |

**Last Inspection Type**

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

Date Last Inspection: 06-01-2018  
mm/dd/yyyy

Airframe Total Time: 77.7 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: CATTO

Model: UNKNOWN/3BLADE COMPOS

**Propeller 2**

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

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

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

ELT Installed: ☒ Yes ☐ No

If Yes:

ELT Manufacturer: ACK TECHNOLOGIES

Model or Part No.: E04

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 JUST PURCHASED. IN PROCESS OF CHANGING City: FREEPORT  
Name: BRIAN L. LINE / WALTER C. SMYTHE State: MAINE ZIP: 04032-0316  
Fractional Ownership Aircraft: ☐ Yes ☒ No Country: U.S.A.

**Operator of Aircraft** ☐ Same As Registered Owner☐ Same Address as Registered OwnerName: BRIAN L. LINECity: YAKIMA

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

State: WA ZIP: 98901

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

Country: U.S.A.**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: COALTON MUNICIPAL AIRPORTAirport Identifier: KGQRProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A

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

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

Airport Elevation: 1224 ft. msl**Runway Information**Runway ID: 23 (L/R/C) Length: 3504 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 ☐ Crosswind ☐ Aborted Landing (after touchdown)  
☐ Unknown

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

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

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

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

# **"FLIGHT CREWMEMBER 1" INFORMATION**

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

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

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

## **"Flight Crewmember 1" Identification**

First Name: BRIAN L. LINE

City of Residence: YAKIMA

Middle Initial: L

State: WA

ZIP: 98901

Last Name: LINE

Country: U.S.A.

Age at time of Accident/Incident: 60

Date of Birth: [REDACTED]

mm/dd/yyyy

Certificate Number: [REDACTED]

### **Degree of Injury**

☐ None   ☐ Fatal  
☒ Minor   ☐ Unknown  
☐ Serious

### **Seat Occupied**

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

### **Restraint Type**

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

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

### **Inflatable Restraints**

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

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

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

### **Principal Occupation**

☐ Pilot  
☒ Other  
☐ Unknown

### **Medical Certificate**

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

### **Medical Certificate Validity**

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

### **Date of Last Medical**

09-29-2017  
mm/dd/yyyy

### **Medical Certificate Limitations**

NONE

### **Medical Certificate Special Issuance**

NONE

Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks: 7-29-17  
mm/dd/yyyy

### **Flight Review Aircraft**

Make: CESNA

Model:

### **Airplane Rating(s)**

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

### **Other Aircraft Rating(s)**

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

### **Instrument Rating(s)**

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

### **Instructor Rating(s)**

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

### **Type Ratings**

NONE

### **Student Endorsements (Include dates)**

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  | 217.2        | 5.2               | 217.2                  | 0                    | 30.7  | 5.8        | 48.6      | 0          | 0      | 0                |
| Pilot in Command (PIC)                                      | 183.1        | 5.2               | 183.1                  | 0                    |       | 5.6        | 48.1      | 0          | 0      | 0                |
| Time as Instructor                                          | N.A.         |                   |                        |                      |       |            |           | 0          | 0      | 0                |
| This Make/Model                                             |              |                   |                        |                      | 0     | 0          | 0         |            |        |                  |
| Last 90 Days                                                | 5.2          | 5.2               | 5.2                    | 0                    | 0     | 0          | 0         | 0          | 0      | 0                |
| Last 30 Days                                                | 5.2          | 5.2               | 5.2                    | 0                    | 0     | 0          | 0         | 0          | 0      | 0                |
| Last 24 Hours                                               | 5.2          | 5.2               | 5.2                    | 0                    | 0     | 0          | 0         | 0          | 0      | 0                |

## "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: \_\_\_\_\_

#### Degree of Injury

☐ None   ☐ Fatal  
☐ Minor   ☐ Unknown  
☐ Serious

#### Seat Occupied

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

#### Restraint Type

| 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  |

#### Inflatable Restraints

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

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

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

#### Principal Occupation

☐ Pilot  
☐ Other  
☐ Unknown

#### Medical Certificate

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

#### Medical Certificate Validity

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

#### Date of Last Medical

\_\_\_\_\_ mm/dd/yyyy

#### Medical Certificate Limitations

#### Medical Certificate Special Issuance

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

#### Flight Review Aircraft

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

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

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

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

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

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

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

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

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

#### Type Ratings

#### Student Endorsements (Include dates)

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  |              |                   |                        |                      |       |            |           |            |        |                  |
| 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> <i>NONE</i>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Injury</b>                                                                                                                                                                                                                  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                            |  | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                               | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                   |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |

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

**PASSENGER(S) / OTHER PERSONNEL** (Include cabin crew; continue on separate sheet if necessary)

| Name and Address                                                                                                                                                                                                           | Seat                                                                                                                                     | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                     | Inflatable Restraints                                                                                                                                                                          | Age                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>NONE</i><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b> <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |

# FLIGHT ITINERARY INFORMATION

|                                                                                                                                  |                                                                                |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KBYM</u><br>City: <u>BRUNSWICK</u><br>State: <u>MAINE</u><br>Country: <u>U.S.A</u> | <b>Time of Departure</b><br>Time: <u>APR 0630</u><br>Time Zone: <u>EASTERN</u> | <b>Destination</b><br>Airport ID: <u>KGOQ</u><br>City: <u>GALION</u><br>State: <u>OHIO</u><br>Country: <u>U.S.A</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                         |                                      |                                      |                                               |                                       |
|-----------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> None           | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input type="checkbox"/> VFR Flight Following | <input type="checkbox"/> Cruise       |
| <input checked="" 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 checked="" type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> FAR 93                         |                                                   |

**Altitude of In-Flight Occurrence:** \_\_\_\_\_ ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input checked="" type="checkbox"/> Commercial Weather Service (DUATS)<br><input checked="" 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> <u>I USED THIS ATIS FOR ALTITUDE</u><br>Facility ID: <u>KMFD</u><br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: <u>11.6</u> nm<br>Direction from Accident Site: <u>H 6 250°</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 <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                          |                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl | <b>Temperature:</b> _____ (C) or <u>mid 80°</u> (F)<br><b>Dew Point:</b> _____ (C) or <u>UNKNOWN</u> (F)<br><b>Altimeter Setting:</b> <u>30.16</u> in. Hg<br>or _____ MB |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                       |                                                                                                                                         |                                                                                                    |                                                                                                                      |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>- or -<br>Direction: _____ degrees true | <b>Wind Speed</b><br><input checked="" type="checkbox"/> Calm <input type="checkbox"/> Light and Variable<br>- or -<br>Speed: _____ kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>- or -<br>Speed: _____ kts | <b>Visibility</b> <u>UNLIMITED</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 checked="" type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals | <b>Restriction to Visibility</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

NO TFR'S  
NOTAM'S ABOUT TOWER OUT OF SERVICE, 23 PAPI, AND RUNWAY LIGHT OUT.

# DAMAGE TO AIRCRAFT AND OTHER PROPERTY

## Aircraft Damage

- ☐ None  
☐ Minor  
☒ Substantial  
☐ Destroyed  
☐ Unknown

## Aircraft Fire

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

## Aircraft Explosion

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

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

PROPELLER, ENGINE, CANOPY, WING TIPS, RUDDER, ELEVATOR, NOSE GEAR.  
 PROPELLER PROPS BROKEN FIBERGLASS DESTROYED FIBERGLASS COLLAPSE  
 STRUCK GROUND STRIKE DAMAGE & CRACKS AND BENT.

# 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. ON 8-6-18 I DEPARTED KBXM ABOUT 0630 EASTERN TIME FOR A FLIGHT TO KSEE. MY FIRST STOP WAS TO BE KGGQ FOR FUEL THE FLIGHT TIME WAS TO BE 4 HOURS & 20 MIN. WITH FLUCTUATING HEAD WINDS IT TOOK A LITTLE LONGER. I HAD SET MY ALTIMETER TO WHAT MANFRIELD AFS STATED AND HAD HEARD TWO PLANES US RUNWAY 23 AT GAILON. I DID MY BEFORE LANDING CHECK AND SET UP TO ENTER A LEFT PATTERN FOR 23 AT A 45. I WAS AT 2200 FEET WHEN I ENTERED. SPEED WAS 100 TO 110 KNOTS. PULLED FLAPS TURNED BASE AND THEN FINAL NOTICED I WAS HIGH AND STILL AROUND 100 KNOTS SO I DID A GO AROUND AT 100 KNOTS UNTIL ABRAM THE END OF THE RUNWAY. I PUT 1ST NOTCH OF FLAPS AND DECREASED POWER. WHEN I TURNED BASE I ADD ANOTHER NOTCH OF FLAPS SPEED WAS AROUND 90 KNOTS. I TURNED FINAL. I WAS ON A STABILIZED APPROACH AT ABOUT 85 KNOTS WITH TOUCH DOWN POINT SET UP FOR A POINT JUST PRIOR TO THE RUNWAY NUMBERS. I FLAINED JUST AFTER THE NUMBERS AND I FELT THE PLANE DROP ON THE RUNWAY. THE PLANE BOUNCED UP. I KEPT THE NOSE ON THE HORIZON AND WAS JUST LEFT OF CENTER. THE PLANE AGAIN DROPPED AND BOUNCED. I ADDED POWER AND WAS GOING TO GO AROUND AGAIN. I PULLED UP THE LEFT WING DROPPED AND VEERED LEFT THE PLANE DROPPED TO THE GROUND AND I WAS OFF THE RUNWAY, ON THE GRASS AND DIRT IN THE INFIELD. I PULLED POWER AS I WAS ON THE GROUND ON ALL 3 WHEELS. THE NOSE WHEEL COLLAPSED AND THE PLANE FLIPPED ONTO ITS TOP. THE ENGINE WAS STOPPED. I TURNED FUEL SELECTOR OFF AND BOTH ALT BATTERY SWITCH OFF. I DO NOT REMEMBER RELEASING SEATBELT, BUT KNOW IT WAS ON. I EXITED THE PLANE AND SAW TWO TRUCKS COMING OVER. ONE DRIVER ASKED IF ANYONE WAS STILL IN THE PLANE. I STATED NO. THE OTHER MAN STATED HE CALLED 911. WITH THE PLANE STABLE WE STARTED CONTAINING THE FUEL LEAKING FROM THE TANK VENTS. I REMOVED MY PERSONAL ITEMS AND CHECKED THAT THE EXTRA OIL I WAS CARRYING WAS NOT LEAKING AND THEN STARTED LOOKING FOR THE PLANE DOCUMENTS. ONCE EVERYTHING WAS TAKEN CARE OF THE FAA WAS CONTACTED BY JAMES GNAMAM AND WE WAITED FOR THE OK TO START WORKING ON REMOVING THE AIRCRAFT FROM THE INFIELD. I GAVE A STATEMENT TO THE STATE POLICE WHO RESPONDED. SEVERAL OF THESE THINGS TOOK PLACE SIMULTANEOUSLY. I BELIEVE THE EVENT STARTED BY FLARING HIGH.

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

Operator/Owner Safety Recommendation

MORE TIME IN SPECIFIC AIRCRAFT

**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)

70

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

EXITED THROUGH BROKEN CANOPY

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

Aircraft Registration Number

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

Damage to Other Aircraft

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

☐ 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

08-08-2018

mm/dd/yyyy

Name of Pilot/Operator: BRIAN L. LINESignature: [REDACTED]

-- or --

☐ Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

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

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

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

-- or --

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

NTSB Accident/Incident No.

GAA18CA470

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Kathryn Benhoff

Date Report Received

8/15/2018