

# 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: Denton (KDTO) State: TX

ZIP: 76207 Country: Denton

Latitude: 33.2 N Longitude: 97.2 W

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

### Accident/Incident Date/Time

Date: 09/18/2019 Local Time: 9:00 AM

mm/dd/yyyy

Time Zone: Central

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

## AIRCRAFT INFORMATION

Registration Number: N93069

Manufacturer: Cessna

Model: 152

Serial Number: 15285389

Year of Manufacture: 1981

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

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

Maximum Gross Weight: 1470 lbs

Weight at Time of Accident/Incident: unknown lbs

Number of Seats: 2 Flight Crew Seats: 2

Cabin Crew Seats: 0 Passenger Seats: 0

Number of Engines: 1

### Category of Aircraft

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

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

#### Standard

- ☐ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☒ Utility

#### Special

- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ Special Light-Sport
- ☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)  
☐ None ☐ Unknown

### Landing Gear

(Check all that apply)

☐ Retractable

☒ Tricycle

☐ Amphibian

☐ Emergency Float

☐ Float

☐ Hull

☐ Other Launch/Recovery System

☐ None

☐ Tailwheel

☐ High Skid

☐ Skid

☐ Ski

☐ Ski/Wheel

☐ Unknown

### Engine Type (Select one)

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

### Fuel System Type (Reciprocating)

- ☒ Carburetor
- ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng. 1 | <u>Lycoming</u>     | <u>O-235</u>        | <u>L-18773-15</u>            | <u>07/14/2016</u>          | <u>110 BHP</u>                                                                                       | <u>14,122</u>         | <u>≈ 2.0</u>                         | <u>2177</u>         |
| Eng. 2 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 3 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |
| Eng. 4 |                     |                     |                              |                            |                                                                                                      |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 09/05/2019

mm/dd/yyyy

Airframe Total Time: 14,378 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: Sensenich

Model: 72CK56-0-54

### Propeller 2

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

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

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

ELT Installed: ☒ Yes ☐ No

If Yes:

Dorne and Margolin

ELT Manufacturer: Cessna

Model or Part No.: C589511-0103

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

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☒ No

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

N/A

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: US Aviation Group LLCCity: DentonState: Texas ZIP: 76207Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: Denton**Operator of Aircraft**☒ Same As Registered Owner☐ Same Address as Registered Owner

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

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

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

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

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

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

**Operating Certificates Held**

(Check all that apply)

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

**Regulation Flight Conducted Under**

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

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

☐ Public Aircraft (Select one)

- ☐ Armed Forces  
☐ Federal  
☐ State  
☐ Local

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

(Select one for each group)

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

- ☐ Passenger  
☐ Cargo  
☐ Mail Contract Only

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

(Select one)

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

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)Airport Name: Denton Enterprise AirportDistance From Airport Center: ~ .5 smAirport Identifier: KDTODirection From Airport: on RWY 36 degrees trueProximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/AAirport Elevation: 642 ft. msl**Runway Information**Runway ID: 36 (L/R/C) Length: 7002' ft Width: 150' 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" 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: Hao

City of Residence: Wenzhou

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

State: Zhejiang    ZIP: 325000

Last Name: Zhou

Country: People's Republic of China

Age at time of Accident/Incident: 23    Date of Birth: \_\_\_\_\_ mm/dd/yyyy

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

| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single              | <b>Restraint Type</b><br><table> <tr> <th>Available</th> <th>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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------|--------------------------------------------|-------------------------------------|--------------------------------------|----------------------------------|------------------------------------------|--------------------------------------------|----------------------------------|---------------------------------------------|--------------------------------|------------------------------------------|-------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Used                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                               |                                            |                                     |                                      |                                  |                                          |                                            |                                  |                                             |                                |                                          |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="radio"/> None                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                               |                                            |                                     |                                      |                                  |                                          |                                            |                                  |                                             |                                |                                          |                               |                               |                                                                                                                                                                                                                                           |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> Lap only                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                               |                                            |                                     |                                      |                                  |                                          |                                            |                                  |                                             |                                |                                          |                               |                               |                                                                                                                                                                                                                                           |
| <input checked="" 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> (Check all that apply)<br><table> <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 checked="" 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 checked="" type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer |                               |                               |                                                                                                                                                                                                                                           |
| <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 checked="" type="checkbox"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Sport                                                                                                                                                                                                                              | <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                               |                                            |                                     |                                      |                                  |                                          |                                            |                                  |                                             |                                |                                          |                               |                               |                                                                                                                                                                                                                                           |
| <b>Principal Occupation</b><br><input checked="" type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input checked="" type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown | <b>Medical Certificate Validity</b><br><input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                            | <b>Date of Last Medical</b><br><u>01/11/2019</u><br>mm/dd/yyyy |                               |                                            |                                     |                                      |                                  |                                          |                                            |                                  |                                             |                                |                                          |                               |                               |                                                                                                                                                                                                                                           |

## Medical Certificate Limitations

Must wear corrective lenses.

## Medical Certificate Special Issuance

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

N/A

mm/dd/yyyy

## Flight Review Aircraft

Make: N/A

Model: N/A

|                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br>(Check all that apply)<br><input checked="" 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>(Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instrument Rating(s)</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br>(Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><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

N/A

## Student Endorsements (Include dates)

Solo endorsement on 7/9/19

| 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                                                  | 65.7         | 65.7              | 65.7                   | 0.0                  | 5.3   | 0.0        | 2.2       | 0.0        | 0.0    | 0.0              |
| Pilot in Command (PIC)                                      | 2.8          | 2.8               | 2.8                    | 0.0                  | 0.0   | 0.0        | 0.0       | 0.0        | 0.0    | 0.0              |
| Time as Instructor                                          | 0.0          | 0.0               | 0.0                    | 0.0                  | 0.0   | 0.0        | 0.0       | 0.0        | 0.0    | 0.0              |
| This Make/Model                                             |              |                   |                        |                      | 5.3   | 0.0        | 2.2       |            |        |                  |
| Last 90 Days                                                | 35.0         | 35.0              | 35.0                   | 0.0                  | 5.3   | 0.0        | 1.4       | 0.0        | 0.0    | 0.0              |
| Last 30 Days                                                | 17.4         | 17.4              | 17.4                   | 0.0                  | 2.8   | 0.0        | 0.8       | 0.0        | 0.0    | 0.0              |
| Last 24 Hours                                               | 0.0          | 0.0               | 0.0                    | 0.0                  | 0.0   | 0.0        | 0.0       | 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: \_\_\_\_\_

| <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> (Check all that apply)<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 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 |  |
| <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"/> Without limitations/waivers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="radio"/> Unknown                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <input type="radio"/> With limitations/waivers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> N/A                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input 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 type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown | <b>Date of Last Medical</b><br>_____ 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: \_\_\_\_\_

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

| Crew Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                | Injury                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                            |  | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                               | <input type="radio"/> 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                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                |

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

|                                                                                                                                |                                                                              |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KDTO</u><br>City: <u>Denton</u><br>State: <u>Texas</u><br>Country: <u>Denton</u> | <b>Time of Departure</b><br>Time: <u>1300 Z</u><br>Time Zone: <u>Central</u> | <b>Destination</b><br>Airport ID: <u>KDTO</u><br>City: <u>Denton</u><br>State: <u>State</u><br>Country: <u>Denton</u> | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                    |                                          |                                                         |                                                              |                                                                |
|------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> <i>(Check all that apply)</i>                 |                                          |                                                         |                                                              |                                                                |
| <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                          |
| <b>Airspace where the accident/incident occurred</b> <i>(Check all that apply)</i> |                                          |                                                         |                                                              | <b>Altitude of In-Flight Occurrence:</b><br><u>6420</u> ft msl |
| <input type="checkbox"/> Class A                                                   | <input type="checkbox"/> Class G         | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                             |                                                                |
| <input type="checkbox"/> Class B                                                   | <input type="checkbox"/> Demo Area       | <input type="checkbox"/> Airport Advisory Area          | <input checked="" 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 checked="" 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                         |                                                              |                                                                |

| Source of Pilot Weather Information<br>(Check all that apply)                                                                                                                                                                                                                                                 | Weather Observation Facility                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 | <input type="checkbox"/> Company<br><input type="checkbox"/> Military<br><input type="checkbox"/> Internet<br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Unknown |
| Facility ID: <u>KD TO</u><br>Observation Time: <u>1400Z</u><br>Time Zone: <u>Central</u><br>Distance from Accident Site: <u>0</u> nm<br>Direction from Accident Site: <u>N/A</u> degrees true                                                                                                                 |                                                                                                                                                                                            |

|                                                          |                                          |                                         |                                                                |
|----------------------------------------------------------|------------------------------------------|-----------------------------------------|----------------------------------------------------------------|
| <b>Basic Conditions</b>                                  | <b>Light Condition</b>                   |                                         |                                                                |
| ☉ VMC<br>○ IMC<br>○ Unknown                              | ○ Dawn<br><b>☉ Day</b>                   | ○ Dusk<br>○ Night                       | ○ Dark Night<br>○ Bright Night      ○ Unknown                  |
| <b>Sky/Lowest Cloud Condition</b>                        | <b>Ceiling</b>                           |                                         | <b>Temperature:</b> <u>  25  </u> (C) or _____ (F)             |
| ☉ Clear<br>○ Few<br>○ Partial Obscuration<br>○ Scattered | ○ None (Clear)<br>○ Broken<br>○ Overcast | ○ Obscured<br>○ Indefinite<br>○ Unknown | <b>Dew Point:</b> <u>  22  </u> (C) or _____ (F)               |
| ○ Thin Broken<br>○ Thin Overcast<br>○ Unknown            | <b>Ceiling Height</b>                    | <u>N/A</u> ft agl                       | <b>Altimeter Setting:</b> <u> 29.96 </u> in. Hg<br>or _____ MB |
| <b>Lowest Cloud Condition Height</b><br>_____ ft agl     |                                          |                                         |                                                                |

|                                                                                                                  |                                                                                                                                            |                                                                                                        |                                                                                                               |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br><br>- or -<br>Direction: <u>00 00</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br><br>- or -<br>Speed: <u>00 00</u> kts | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br><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 checked="" type="radio"/> N/A<br><input type="radio"/> Unknown | <b>Type of Precipitation</b> <i>(Check all that apply)</i><br><div> <input checked="" type="checkbox"/> None           <input type="checkbox"/> Drizzle           <input type="checkbox"/> Freezing Rain         </div> <div> <input type="checkbox"/> Rain           <input type="checkbox"/> Ice Pellets           <input type="checkbox"/> Snow Shower         </div> <div> <input type="checkbox"/> Snow           <input type="checkbox"/> Snow Pellets           <input type="checkbox"/> Ice Pellets Shower         </div> <div> <input type="checkbox"/> Hail           <input type="checkbox"/> Snow Grains           <input type="checkbox"/> Freezing Drizzle         </div> <div> <input type="checkbox"/> Rain Showers           <input type="checkbox"/> Ice Crystals         </div> | <b>Restriction to Visibility</b> <i>(Check all that apply)</i><br><div> <input checked="" type="checkbox"/> None           <input type="checkbox"/> Fog         </div> <div> <input type="checkbox"/> Blowing Dust           <input type="checkbox"/> Ground Fog         </div> <div> <input type="checkbox"/> Blowing Sand           <input type="checkbox"/> Haze         </div> <div> <input type="checkbox"/> Blowing Snow           <input type="checkbox"/> Ice Fog         </div> <div> <input type="checkbox"/> Blowing Spray           <input type="checkbox"/> Smoke         </div> <div> <input type="checkbox"/> Dust           <input type="checkbox"/> Unknown         </div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

8

**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)

- Nose gear collapsed
- Prop strike
- Engine mount compromised
- Dented/Scratch lower engine cowling

**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.

The student pilot was on a solo flight which departed from KDTD app. 8:00 AM local time. He was to practice some ground reference maneuvers in the practice area and then return for 3 full stop/taxi back landings. It was on his first landing of the planned 3, that he mentioned he flared too high. He says he did not make any power adjustments and kept his angle of attack high. The aircraft lost all lift and bounced hard on the main gear. He was in the air again when it came down and bounced a second time. On the third drop, it appears the aircraft hit with nose gear first, causing the collapse of the nose gear and the prop strike. The aircraft initially landed on the center line but slid about 30 feet to the left of centerline. ATC immediately diverted all traffic and asked the student if he was okay.

Aircraft was recovered and the student filled out an USAA Accident Report as well as a USAA SMS ticket. Student was also interviewed by SMS manager Rick Sanchez, USAA Chief Instructor David Cruz and FAA Safety Inspector Jim Staggs.

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

Operator/Owner Safety Recommendation

Student had had previous training issues which included a runway excursion on his first solo flight. He went through a rigorous retraining to help him improve and progress. But after this last accident, it was determined that the safest course of action was to terminate his training and send him back to China. Additionally, in the following "All Instructor" meeting, the accident was reviewed and instructors were coached on training techniques that would help improve student decision making skills.

**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

NA Hours  
Cycles

Time Since This Part  
Inspected/Overhauled

NA Hours

**FUEL & SERVICES INFORMATION**

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

app. 12 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

Just the student who went out the side door.

**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

10/14/19

mm/dd/yyyy

Name of Pilot/Operator: \_\_\_\_\_

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

-- or -- ☐ Check here to electronically sign this document**If a Person Other than Pilot/Operator is Filing Report**Name: Rick SanchezTitle: SMS Manager

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

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

NTSB Accident/Incident No.

GAA19CA566

Reviewed by NTSB Regional Office

GAA

Name of Investigator

Kate Benhoff

Date Report Received

10/14/2019



## Official USAA SMS Report of Hao Zhou (Bathen) Landing Accident

On the morning of September 18th, 2019, student pilot Hao Zhou (Bathen) was performing a normal landing on Runway 18 at KDTO (Denton Airport) in Cessna 152 N93069, when he landed on the nose wheel after two big bounces on the runway, wrecking the aircraft. Mr. Zhou came to a stop about 15 feet off from the centerline and DTO tower began to redirect airborne traffic. Mr. Zhou was unhurt. The aircraft suffered substantial damage and is a total loss of airframe and powerplant due to these damages rendering the aircraft unairworthy.

I interviewed Mr. Zhou in my office approximately 2 hours after the accident. After assuring me that he was not injured in any way, I asked him to detail the event. The following is a narrative of this interview:

Mr. Zhou is currently a student pilot in Stage 2 of the Private Pilot curriculum. He has approximately 62 hours. This flight was his fourth solo flight. Mr. Zhou had a previous mishap on his first solo when he ran off the runway after landing, attempting to exit a taxiway that he was going too fast for. After this incident he was to begin a retraining regiment consisting of remedial ground school and additional flight training. It was also decided to change his instructor for the benefit of the student to receive a different perspective which might help him. His new instructor assigned was Steven Amerine. Mr. Amerine completed his retraining and was successful at getting him back to solo status. Mr. Zhou's second solo and third solo were without incident. On his fourth solo, this accident occurred.

Mr. Zhou first went to the practice area to practice ground reference maneuvers and some stalls. Then he returned to Denton Airport for some landings and take-offs. These were going to be full stops with taxi backs. A little after 11:00 AM local time Mr. Zhou was in the vicinity of the airport preparing for his first landing. Mr. Zhou believes he heard a wind check from the tower of 110 degrees at 8 knots. Another pilot who was taxiing to the active runway 18 (Matt Herald) seems to recall winds being reported at 060 degrees at 3 knots. I checked historical ASOS data for Denton Airport and reported winds were variable all morning long but never exceeding much more than 7 knots all morning.

Mr. Zhou stated that everything was normal and under control during his approach. He remembers establishing 60 KIAS on the approach. When I asked him about his flare out, he said that he flared too high. He says that at this point he did not change his nose high attitude and just held it there. He also says that he did not make any power adjustments from the current power idle that he had. He said that aircraft lost lift and sank rapidly. He said the aircraft bounced hard and went into the air. Still not making any adjustments to power or attitude, the airplane sank rapidly again bouncing off the runway for a second time. Then finally the airplane came down again hard in a nose low attitude striking with the propeller and nose gear. The nose gear collapsed after skidding a few feet on its strut and the aircraft continued skidding veering left. Total skid mark was about 60 feet and the aircraft wound up about 15 feet from the centerline.

Evidence at the scene was consistent with his story. About four prop strike gouges were visible on the runway together with the skid mark of the collapsed gear and assorted nose gear parts were

strewn about. Mr. Zhou said that he never referenced his altimeter on his final approach and used only his visual cues for his approach. He admitted to me that he had had high flare problems throughout his training. He did admit that he has practiced go arounds but didn't know what else he could have done.

I interviewed his instructor Steven Amerine shortly after. Mr. Amerine did confirm that he had had many challenges in training including high flare problems, decision making problems on exiting the runway, and other assorted challenges that he felt had been overcome. I asked Mr. Amerine about his English skills and communication. I personally struggled greatly communicating with Mr. Zhou, however, Mr. Amerine noted that although Mr. Zhou's English skills were a bit lacking, he did not have problems communicating with him during training.

This accident was investigated by:

Rick Sanchez – SMS Manager

David Cruz – Chief Flight Instructor

Jim Staggs – FAA Safety Inspector

Scott Sykes – Chinese Program Director

Dave Anderson – Director of Maintenance

In my opinion, this student has historically and consistently shown an inability to learn to fly. Much additional training took place after his first landing mishap, not to mention the many hours that were required to get him prepared for the first solo. After a close call with the runway excursion event and now with this landing accident, unfortunately I believe that Mr. Zhou is a hazard to himself and flight training operations in general at US Aviation Academy. I do not believe he is trainable. I would recommend a permanent discontinuance of training.

Sincerely,

**Rick Sanchez**  
**SMS Manager**  
**US Aviation Academy**

O.  
C.



|                 |                                                                                              |         |         |         |      |       |       |       |                      |           |         |
|-----------------|----------------------------------------------------------------------------------------------|---------|---------|---------|------|-------|-------|-------|----------------------|-----------|---------|
| DT0, 2019-09-18 | 08:45,M,M,M,0.00,0.00,M,29.97,M,10.00,M,CLR,M,M,M,M,M,M,M,M,M,M,M,M,KD0                      | 181345Z | AUTO    | 00000KT | 10SM | CLR   | 24/21 | A2996 | RMK                  | T02400210 | MADISHF |
| DT0, 2019-09-18 | 08:50,M,M,M,0.00,0.00,M,29.97,M,10.00,M,CLR,M,M,M,M,M,M,M,M,M,M,M,M,KD0                      | 181350Z | AUTO    | 00000KT | 10SM | CLR   | 25/21 | A2996 | RMK                  | T02400210 | MADISHF |
| DT0, 2019-09-18 | 08:53,77.00,70.00,79.02,0.00,0.00,0.00,29.97,1013.80,10.00,M,CLR,M,M,M,M,M,M,M,M,M,M,M,M,KD0 | 181353Z | 00000KT | 10SM    | CLR  | 25/21 | A2997 | RMK   | A02 SLP138 T02500211 |           |         |
| DT0, 2019-09-18 | 08:55,M,M,M,0.00,0.00,M,29.97,M,10.00,M,CLR,M,M,M,M,M,M,M,M,M,M,M,M,KD0                      | 181355Z | AUTO    | 00000KT | 10SM | CLR   | 25/22 | A2996 | RMK                  | T02500220 | MADISHF |
| DT0, 2019-09-18 | 09:00,M,M,M,0.00,0.00,M,29.97,M,10.00,M,CLR,M,M,M,M,M,M,M,M,M,M,M,M,KD0                      | 181400Z | AUTO    | 00000KT | 10SM | CLR   | 25/22 | A2996 | RMK                  | T02500220 | MADISHF |
| DT0, 2019-09-18 | 09:05,M,M,M,0.00,0.00,M,29.97,M,10.00,M,CLR,M,M,M,M,M,M,M,M,M,M,M,M,KD0                      | 181405Z | AUTO    | 00000KT | 10SM | CLR   | 26/22 | A2996 | RMK                  | T02600220 | MADISHF |
| DT0, 2019-09-18 | 09:10,M,M,M,0.00,0.00,M,29.97,M,10.00,M,CLR,M,M,M,M,M,M,M,M,M,M,M,M,KD0                      | 181410Z | AUTO    | 00000KT | 10SM | CLR   | 26/22 | A2996 | RMK                  | T02600220 | MADISHF |
| DT0, 2019-09-18 | 09:15,M,M,M,80.00,4.00,M,29.97,M,10.00,M,CLR,M,M,M,M,M,M,M,M,M,M,M,M,KD0                     | 181415Z | AUTO    | 00004KT | 10SM | CLR   | 26/22 | A2996 | RMK                  | T02600220 | MADISHF |
| DT0, 2019-09-18 | 09:20,M,M,M,120.00,4.00,M,29.97,M,10.00,M,CLR,M,M,M,M,M,M,M,M,M,M,M,M,KD0                    | 181420Z | AUTO    | 12004KT | 10SM | CLR   | 26/22 | A2996 | RMK                  | T02600220 | MADISHF |
| DT0, 2019-09-18 | 09:25,M,M,M,90.00,4.00,M,29.97,M,10.00,M,CLR,M,M,M,M,M,M,M,M,M,M,M,M,KD0                     | 181425Z | AUTO    | 00004KT | 10SM | CLR   | 26/22 | A2996 | RMK                  | T02600220 | MADISHF |
| DT0, 2019-09-18 | 09:30,M,M,M,100.00,5.00,M,29.97,M,10.00,M,CLR,M,M,M,M,M,M,M,M,M,M,M,M,KD0                    | 181430Z | AUTO    | 10005KT | 10SM | CLR   | 26/22 | A2996 | RMK                  | T02600220 | MADISHF |
| DT0, 2019-09-18 | 09:35,M,M,M,00.00,3.00,M,29.97,M,10.00,M,CLR,M,M,M,M,M,M,M,M,M,M,M,M,KD0                     | 181435Z | AUTO    | 00003KT | 10SM | CLR   | 26/22 | A2996 | RMK                  | T02600220 | MADISHF |

# US Aviation Academy



Aviation Academy

## Initial Accident/Incident Notification Report

|                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                              |                                                               |                               |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------|------------------------------------------|
| Date                                                                                                                                                                                                                                                                                                                                                                                                         | Time (LT) | Condition of Flight                                                          | Location of Accident/Incident – If on airport list airport ID |                               |                                          |
| 9-13                                                                                                                                                                                                                                                                                                                                                                                                         | 9:00      | <input type="checkbox"/> Inflight <input checked="" type="checkbox"/> Ground | KOTG                                                          |                               |                                          |
| Aircraft Make and Model                                                                                                                                                                                                                                                                                                                                                                                      |           | Registration                                                                 | Hobbs                                                         | Dual or Solo                  |                                          |
| C152                                                                                                                                                                                                                                                                                                                                                                                                         |           |                                                                              | 2524.4                                                        | <input type="checkbox"/> Dual | <input checked="" type="checkbox"/> Solo |
| Instructor                                                                                                                                                                                                                                                                                                                                                                                                   | Student   | Class#                                                                       | Curriculum                                                    | Lesson #                      |                                          |
| Steven                                                                                                                                                                                                                                                                                                                                                                                                       | Barthen   | 115                                                                          | Private Student                                               | 25                            |                                          |
| Weather Conditions                                                                                                                                                                                                                                                                                                                                                                                           |           | Last METAR for Location                                                      |                                                               |                               |                                          |
| CLR 105M                                                                                                                                                                                                                                                                                                                                                                                                     |           | 100/08 108M 22/20                                                            |                                                               |                               |                                          |
| Damage to Aircraft – Brief Description of Observed Damage                                                                                                                                                                                                                                                                                                                                                    |           |                                                                              |                                                               |                               |                                          |
| Propeller, nose wheel                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                              |                                                               |                               |                                          |
| Reportable to NTSB/FAA                                                                                                                                                                                                                                                                                                                                                                                       |           | Date/Time                                                                    | Name of Contact                                               |                               |                                          |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                          |           |                                                                              |                                                               |                               |                                          |
| Narrative of Event – Describe in detail conditions and situation leading up to and including event – use additional sheet if necessary                                                                                                                                                                                                                                                                       |           |                                                                              |                                                               |                               |                                          |
| <p>When I start the descent, the approach is ok, but I level the wing a bit high, too early when I get into the ground effect, then I lost the lift, the plane sank very fast and the two main wheels hit the ground so hard. the plane bounce two times, at third time, my nose sink so fast and nose wheels came down first. and hit the ground</p> <p style="text-align: right;">Barthen<br/>HAO ZHOU</p> |           |                                                                              |                                                               |                               |                                          |

This form is to be filled out immediately after an Incident or accident and turned into the Chief Instructor

## **Review Board 1**

**Date:** 07/12/2019

**Student:** Hao (Bathen) Zhou

**Class:** China Southern 115

**Course:** Private **Stage:** 2 **Lesson:** 20

**Hours:** 39.7 Dual Flight, 0.7 Solo

**CFI:** Ian Woosley

**Present:**

Dan Bryson

Ian Woosley

Renyu (Rory) Chen

Hao (Bathen) Zhou

**Issue:** SP struggling in training and safety concerns.

**Comments:**

Mr. Zhou has been working with Mr. Woosley since the beginning of his training. Mr. Woosley has been concerned about Mr. Zhou's ability from early on. We have been cautious about progressing him forward due to several issues.

It is apparent that Mr. Zhou needs to improve his English abilities. In the aircraft the instructor complains about his poor decision making, inconsistent performance and the inability to take charge of situations. This resulted not only in high training hours, but in two attempts to pass the stage one check at 36.9 hours.

Mr. Zhou also had an incident on his first solo. He made the three landings, but after the last landing he went into the grass as he exited the runway. We feel that this has added stress to him and his instructor. There will be obvious concerns about safety as we proceed forward. No damage was done to the aircraft and it was reported immediately to our safety manager.

**Comments from flight notes:**

7/9/19 Solo

SP did 3 safe landings, but on his last one, he was too fast and when he landed, he had too much speed, and wanting to make A3, he forced the turn to go into the grass. we will await further disciplinary action.

06/6/2019 Kevin Young

SP climbed at 50-60 kts IP kept asking student what Vy speed was to get him to notice. Slow flight SP banked 45 degrees and rolled out 90 degrees passed heading given by IP. Power on stall student pilot recovered 45 degrees off original heading because he began maneuver with a bank, also, SP did not break the stall, he maintained back pressure throughout maneuver. Emergency descent sp missed original field and chose another field but aimed aircraft to land in a pond. STurn SP used shallow turn for tailwind and steep bank for headwind. Traffic pattern entry sp was told to enter midfield right downwind for 36, sp never turned into downwind and almost over flew the middle of the field, Tower had to tell SP to turn. SP final approach was extremely unstable and sp tried to make the landing, IP took controls and did a go around.

**Recommendation:**

The board would like to request 10 additional flight hours and 10 ground hours. These hours will be used to help Mr. Zhou get adjusted to a new instructor and provide remedial training for his incident during solo.

We feel that the struggles that Mr. Woosley has had will be intensified after the incident. Mr. Zhou would benefit more from a fresh start from a new instructor. We have given Mr. Zhou an option between three instructors and he has chosen Mr. Adermin.

As we conclude her today, Mr. Zhou will also be on a self-schedule and required to be at school a minimum of 8 hours a day. He should chair fly and spend time in ESL lab. We encourage him to work on his confidence and practice English every chance he gets.

Mr. Chen has been here today and done a great job advocating for his fellow student. He has agreed and understands the logic behind the decisions we made today.

Manager Signed:

Student:

Leader:

---

Dan Bryson

---

Hao (Bathen) Zhou

---

Renyu (Rory) Chen

---

Ian Woosley

 bathen reported via the portal, 18 hours ago (Wed, 18 Sep 2019 at 4:34 PM)

When I came to land,my approach is ok,it seems I round out too early before I get into the ground effect,then I lost my lift,and sank very quickly,the planed landed in two main wheels very hard.IT bounced up and I hold the original attitude.The plane landed again and bounced up once again.AT third land,the plane sank fast and nose wheel hit the ground first.

 Rick Sanchez replied, 18 hours ago (Wed, 18 Sep 2019 at 4:44 PM)  
to: 

Hi bathen,

Ticket: 

This accident is under investigation.



 Rick Sanchez forwarded, 18 hours ago (Wed, 18 Sep 2019 at 4:44 PM)  
to: 





 Reply  Add note  Forward

Pending  
since 18 hours  
 RESOLUTION  
by Fri, 18 Oct

PROPERTIES

Tags

Assign to  
Student Ser

Type \*  
Flight Oper

Location  
KDTO

Date of Occurrence  
18 Sep, 201

Tail Number  
N93069

Instructor/Emplo

Student/Custom  
Hao Zhou (I

Risk Assessment  
4

