

Aircraft Incident Report

Name of Insured PETER SCHALL, SILVAIRE, LLC Policy No. [REDACTED]
 Address [REDACTED] [REDACTED] WINDSOR VT 05001
 No. Street Town or City County State Zip
 Name of Aircraft Owner (if other than Insured) _____
 Address _____
 No. Street Town or City County State Zip
 Date of Incident 10/15/2019 Signature of Insured [REDACTED] 10/17/19
 (Date Signed)

PILOT IN COMMAND'S TRAINING FOR THE TYPE AIRCRAFT INVOLVED IN THIS REPORT

Mfr's. School ☐ Other ☒ Date Completed Ground 08/25/2012 Date Completed Flight 08/25/2012
 Date of latest recurrent training 06/28/2019 Date of latest FAR flight review 07/10/2019
 Flight review conducted by [REDACTED]

NOTE: This space may be used for detailed sketch showing terrain, wind direction and velocity, distances involved, location of accident, path of aircraft, obstructions and other pertinent data.

DEBRIS DITCH BANK SLOPED UPWARD
CROSSED AREA IMPACT OF DITCH & INBANKMENT 100-125'
RW 25 10/15/19: 9:00 PM WIND VOR @ 6

RW 7

IF A PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT HAS BEEN FILED WITH THE NTSB OR THE FAA ATTACH A COPY AND DISREGARD THE BALANCE OF THIS REPORT FORM.

AIRCRAFT:		FAA Identification Number		Total Hours Flown On Airframe	Engine Hrs. since new or since last major overhaul	Date of Last						
Year, Make and Model						100 hour check	Annual check					
1948 LUSCOMBE 8F		N2037B			L							
PILOT IN COMMAND:		Pilot Certificate and Ratings								Medical Certificate		
		Date of Birth (m/d/y)	Stud.	Pvt.	Ch'l	ASEL	AMEL	Instrum.	ATR	Other	Date of Last Physical	Class
Name <u>PETER SCHALL</u>				X		X					07/10/19	Basic Med
[REDACTED]												
FLIGHT TIME		LAST 90 DAYS			TOTAL TO DATE							
		Dual	SIC	PIC	DUAL	SIC	PIC	TOTAL				
A. This make & model		3.0		17.2	28.7		128.4	197.1 0.0				
B. Night-All makes					1.3		3.0	4.3 0.0				
C. Day-All makes					116.9			0.0				
D. Instrum. Actual								0.0				
Simulated								0.0				
E. S.E. Fixed wing		3.0						0.0				
F. M.E. Fixed wing								0.0				
G. Retractable Gear								0.0				
H. Helicopter								0.0				
I. Glider								0.0				
J. TOTAL		0.0	0.0	0.0	0.0	0.0	0.0	0.0				