

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Henderson State: NV
 ZIP: 89052 Country: United States of America
 Latitude: 35-58-22.30 (dd:mm:ss N/S) Longitude: 115-08-04.00 (ddd:mm:ss E/W)

Date/Time

Date: 10/16/2013 Local Time: 2:45pm
 mm/dd/yyyy Time Zone: Pacific

Phase of Operation

☐ Standing ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Hover
☐ Taxi ☐ Climb ☐ Maneuvering ☐ Other
☐ Descent ☒ Landing ☐ Approach ☐ Unknown

Collision with Other Aircraft

☐ Midair
☐ On-ground
☐ None

Altitude of In-Flight Occurrence

_____ ft MSL

AIRCRAFT INFORMATION

Manufacturer: Piper Aircraft Corporation

Model: PA28R-201

Serial Number: 28R-7837139

Registration Number: N3836M

Amateur-built: ☐ Yes ☒ No

Max Gross Weight: 2,750 lbs

Weight at Time of Accident/Incident: 2,450 lbs

Location of Center of Gravity at Time of Accident/Incident:

86.4 inches from ☐ nose or ☒ datum
 -or- _____ Percent Mean Aerodynamic Cord (% MAC)

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyrocraft
☐ Helicopter
☐ Powered lift
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard

☒ Normal
☐ Utility
☐ Acrobatic
☐ Transport

Special

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

Number of Seats: 4

If Large Aircraft, how many seats for:

Flight Crew: _____

Cabin Crew: _____

Passengers: _____

Landing Gear

☒ Retractable

Check any additional landing gear configuration that applies:

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

Type of Maintenance Program

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

Last Inspection Type

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

Date Last Inspection: 8/12/13

mm/dd/yyyy

Airframe Total Time: 7,346 hrs

hours measured at (check one)

☐ Last Inspection ☒ Time of Accident/Incident

IFR Equipped

☒ Yes ☐ No ☐ Unknown

Stall Warning System Installed

☒ Yes ☐ No ☐ Unknown

Type of Fire Extinguishing System

☐ None
☒ Specify Fire extinguisher in cockpit

ELT Installed

☒ Yes ☐ No

ELT Activated

☐ Yes ☒ No

ELT Manufacturer: _____

Model/Series: _____

ELT Aided in Locating Accident/Incident

☐ Yes ☒ No

Serial Number: _____

Battery Type: _____

Battery Exp. Date: _____

Engine Type

☒ Reciprocating ☐ Turbo Jet
☐ Turbo Shaft ☐ Turbo Fan
☐ Turbo Prop ☐ Unknown

Reciprocating Fuel System Type

☐ Carburetor
☒ Fuel Injected

Propeller

☐ Fixed Pitch
☒ Controllable Pitch

Manufacturer: McCauley

Model: B3D36C424-E / 745A-0

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) ☒ Horsepower or ☐ lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	Lycoming	IO360	L-18437-51A	06/13/2013	200	162	3,746	162
Eng. 2								
Eng. 3								
Eng. 4								

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>JMLS Cirrus LLC</u> Fractional Ownership Aircraft: ☐ Yes ☒ No		Owner Address City: <u>Las Vegas</u> State: <u>NV</u> ZIP: <u>89131</u> Country: <u>United States</u>	
Operator of Aircraft ☐ Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____		Operator Address ☐ Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____	
Regulation Flight Conducted Under ☒ FAR 91 ☐ FAR 129 ☐ FAR 91 Special Flight ☐ Public Use (select type) ☐ FAR 103 ☐ FAR 133 ☐ Non-US, Commercial ☐ Federal ☐ State ☐ Local ☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-commercial ☐ Unknown ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces		Revenue Sightseeing Flight ☐ Yes ☐ No Air Medical Flight ☐ Yes ☐ No	
Purpose of Flight for FAR 91, 103, 133, 137 (Select one) ☐ Personal ☐ Business ☐ Executive/Corporate ☐ Other Work Use ☒ Instructional ☐ Ferry ☐ Positioning ☐ Aerial Application ☐ Aerial Observation ☐ Air Drop ☐ Air Race / Show ☐ Flight Test ☐ Public Use ☐ Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) ☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International	Type of Commercial Operating Certificate Held <i>(Check all that apply)</i> ☐ None ☐ Flag Carrier Operating Certificate (121) ☐ Supplemental ☐ Air Cargo ☐ Foreign Air Carriers (129) ☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135) ☐ Large Helicopter (127) ☐ Rotorcraft External Load (133) - or - ☐ Agricultural Aircraft (137) ☐ Other Operator of Large Aircraft	
OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for <i>other</i> aircraft)			
Aircraft Registration Number _____	Manufacturer: _____ Model: _____		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None
Registered Owner of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____			
Pilot of Other Aircraft First Name: _____ Middle Initial: _____ Last Name: _____ City: _____ State: _____ ZIP: _____ Country: _____			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? ☐ Yes ☐ No ☒ Unknown <i>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)</i> 			Total Time/Cycles On Part _____ Hours _____ Cycles Time Since This Part Inspected/Overhauled _____ Hours
DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage ☐ None ☒ Substantial ☐ Minor ☐ Destroyed	Aircraft Fire ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground		Aircraft Explosion ☒ None ☐ Both Ground and In-Flight ☐ In-Flight ☐ Unknown Origin ☐ On-Ground

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

Left landing gear damage, left wing damage (leading edge and trailing edge), propeller damage (prop strike on one blade), stabilator damage (leading edge)

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)Airport Identifier: KHNDDistance From Airport Center: 0 SMAirport Name: Henderson Executive AirportDirection From Airport: 170 degrees MAGProximity to Airport ☐ Off Airport/Airstrip ☒ On Airport ☐ On AirstripAirport Elevation: 2,500 ft. MSL**Approach Segment** (Select one)☐ On Instrument Approach ☒ Landing ☐ Base leg ☐ Final ☐ Go Around
☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)**IFR Approach** (Check all that apply)☐ None ☐ PAR ☐ MLS ☐ Practice
☐ ADF/NDB ☐ Sidestep ☐ LDA ☐ GPS
☐ SDF ☐ ILS ☐ ASR ☐ Loran
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown
☐ VOR/DME ☐ LOC-back course ☐ Contact
☐ TACAN ☐ RNAV ☐ Circling**VFR Approach** (Check all that apply)☐ None ☐ Stop and Go
☐ Traffic Pattern ☐ Touch and Go
☐ Straight-In ☐ Simulated Forced Landing
☐ Valley/Terrain Following ☐ Forced Landing
☐ Go Around ☐ Precautionary Landing
☒ Full Stop ☐ Unknown**Runway Information**Runway ID: 35R (L/R/C) Length: 5,000 ft Width: 75 ft**Runway/Landing Surface** (Check all that apply)☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown
☐ Dirt ☐ Ice ☐ Snow**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 ☐ Unknown
☐ Slush Covered ☐ Vegetation**FLIGHT ITINERARY INFORMATION****Last Departure Point**Airport ID: KHNDCity: HendersonState: NVCountry: United States**Time of Departure**

Time: _____

Time Zone: _____

DestinationAirport ID: KHNDCity: HendersonState: NVCountry: United States**Type Flight Plan Filed**☒ None ☐ VFR/IFR
☐ Company VFR ☐ IFR
☐ Military VFR ☐ Unknown
☐ VFRActivated? ☐ Yes ☒ No**Type of ATC Clearance/Service** (Check all that apply)☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA**Airspace where the accident/incident occurred** (Check all that apply)☐ Class A ☐ Class E ☐ Prohibited Area ☐ Jet Training Area ☐ Special
☐ Class B ☐ Class G ☐ Restricted Area ☐ TRSA ☐ Air Traffic Control Area
☐ Class C ☐ Demo Area ☐ Military Operations Area (MOA) ☐ FAR 93 ☐ Unknown
☒ Class D ☐ Warning Area ☐ Airport Advisory Area**Aircraft Load Description** (Check all that apply)☒ None ☐ Towing Glider ☐ Parachutists ☐ Livestock
☐ Passengers ☐ Towing Banner ☐ Water ☐ Unknown
☐ Cargo ☐ Other External ☐ Chemical/Fertilizer/Seeds**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(convert from pounds, as necessary)

72 Gallons**Fuel Type**☐ 80/87 ☐ 115/145 ☐ JP3 ☐ Other, specify _____
☒ 100 Low Lead ☐ Jet A ☐ JP4
☐ 100/130 ☐ Automotive ☐ JP5**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

The only two occupants exited the aircraft via the right door and met at the back of the aircraft.

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**Weather Observation Facility**

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ NM

Direction from Accident Site: _____ degrees MAG

Source of Weather Information

(Check all that apply)

☐ National Weather Service

☐ Flight Service Station

☐ TV/Radio

☒ Automated Report

☐ Commercial Weather Service (DUATS)

☐ Company

☐ Military

☐ Internet

☐ Unknown

Method of Briefing

(Check all that apply)

☐ In Person

☐ Teletype

☐ Telephone/Computer

☐ Aircraft Radio

☐ TV/Radio

☐ Unknown

Briefing Type/Completeness

☐ Full

☐ Partial / Limited By Pilot

☐ Partial / Limited By Briefer

☐ Abbreviated

☐ Unknown

☒ Not Pertinent

Light Condition

☐ Dawn

☒ Day

☐ Dusk

☐ Night

☐ Dark Night

☐ Bright Night

☐ Not Reported

Visibility

_____ 10 miles

Sky/Lowest Cloud Condition

☒ Clear

☐ Few

☐ Partial Obscuration

☐ Scattered

☐ Thin Broken

☐ Thin Overcast

☐ Unknown

Ceiling

☒ None (clear)

☐ Broken

☐ Overcast

☐ Obscured

☐ Indefinite

☐ Unknown

Restriction to Visibility (Check all that apply)

☒ None

☐ Blowing Dust

☐ Blowing Sand

☐ Blowing Snow

☐ Blowing Spray

☐ Dust

☐ Fog

☐ Ground Fog

☐ Haze

☐ Ice Fog

☐ Smoke

☐ Unknown

Lowest Cloud Condition Height

_____ ft AGL

Ceiling Height

_____ ft AGL

Wind Direction

☐ Indicated:

_____ degrees MAG

☒ Variable

Wind Speed

Velocity: _____ KTS

-or-

☐ Calm

☒ Light and Variable

Wind Gusts

Velocity: _____ KTS

☐ Gusting

☒ Not Gusting

Type of Turbulence (Check all that apply)

☒ None

☐ Clear Air

☐ In Clouds

☐ Vicinity of Thunderstorm

Severity of Turbulence

☐ Extreme

☐ Severe

☐ Moderate

☐ Moderate Chop

☐ Light

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

Temperature: _____ (C)
or _____ (F)

Altimeter Setting: _____ in. HG
or _____ MB

Density Altitude: _____ ft

Dew Point: _____ (C)
or _____ (F)

Icing Forecast**Amount**

☒ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

Type

☐ Rime

☐ Clear

☐ Mixed

Icing Actual**Amount**

☒ None

☐ Trace

☐ Light

☐ Moderate

☐ Severe

Type

☐ Rime

☐ Clear

☐ Mixed

Type of Precipitation (Check all that apply)

☒ None

☐ Rain

☐ Snow

☐ Hail

☐ Rain Showers

☐ Freezing Rain

☐ Snow Shower

☐ Drizzle

☐ Ice Pellets

☐ Snow Pellets

☐ Snow Grains

☐ Ice Crystals

☐ Ice Pellets Shower

☐ Freezing Drizzle

Intensity of Precipitation

☐ Light

☐ Moderate

☐ Heavy

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident

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

Pilot "A" Identification

First Name: Kevin City: Las Vegas
 Middle Initial: W State: NV ZIP: 89138
 Last Name: Jahnnny Country: United States of America
 Age at time of Accident/Incident: 22 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy 

Degree of Injury

☒ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

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

Seat Belt

Used ☒ Yes ☐ No
 Available ☒ Yes ☐ No

Shoulder Harness

Used ☒ Yes ☐ No
 Available ☒ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Student
 ☐ Recreational
 ☒ Commercial
 ☐ Flight Engineer
 ☐ Foreign
☐ Private
 ☒ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military

Principal Occupation

☒ Pilot
☐ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

☐ Without limitations/waivers
☒ With limitations/waivers
☐ Unknown

Date of Last Medical

8/5/2013
 mm/dd/yyyy

Medical Certificate Limitations

Must wear corrective lenses

Medical Certificate Waivers

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

9/15/2013
 mm/dd/yyyy

Flight Review Aircraft

Make: Piper

Model: PA28R-201

Airplane Rating(s)

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

Other Aircraft Rating(s)

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

Instrument Rating(s)

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

Instructor Rating(s)

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

Type Ratings

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	319	85	319		19	8	52			
Pilot in Command (PIC)	270	85	270			8				
Time as Instructor	44	2	44							
This Make/Model										
Last 90 Days	79	26	44							
Last 30 Days	28	6	44							
Last 24 Hours	3	0	2							

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

First Name: Arthur City: Henderson
 Middle Initial: J State: NV ZIP: 89002
 Last Name: Porreca Country: USA
 Age at time of Accident/Incident: 64 Date of Birth: mm/dd/yyyy Certificate Number: mm/dd/yyyy

Degree of Injury

☒ None
 ☐ Fatal
☐ Minor
 ☐ Unknown
☐ Serious

Seat Occupied

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

Seat Belt

Used ☒ Yes ☐ No
 Available ☒ Yes ☐ No

Shoulder Harness

Used ☒ Yes ☐ No
 Available ☒ Yes ☐ No

Pilot Certificate(s) (Check all that apply)

☐ None
 ☐ Student
 ☐ Recreational
 ☐ Commercial
 ☐ Flight Engineer
 ☐ Foreign
☒ Private
 ☐ Flight Instructor
 ☐ Sport
 ☐ Airline Transport
 ☐ U.S. Military

Principal Occupation

☐ Pilot
☒ Other
☐ Unknown

Medical Certificate

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

Medical Certificate Validity

☐ Without limitations/waivers
☒ With limitations/waivers
☐ Unknown

Date of Last Medical

01/26/2012
 mm/dd/yyyy

Medical Certificate Limitations

Must wear corrective lenses

Medical Certificate Waivers

None

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

09/19/2011
 mm/dd/yyyy

Flight Review Aircraft

Make: Piper

Model: PA-28-181

Airplane Rating(s) (Check all that apply)

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

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

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

Instrument Rating(s) (Check all that apply)

☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

Instructor Rating(s) (Check all that apply)

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

Type Ratings

None

Student Endorsements (Include dates)

N/A

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	828	200	828	0	113	26	50	0	0	0
Pilot in Command (PIC)	727									
Time as Instructor	0									
This Make/Model										
Last 90 Days	0									
Last 30 Days	0									
Last 24 Hours	0									

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)																	
Pilot Name and Address						Degree of Injury											
First Name: _____			City: _____			☐ None		☐ Fatal									
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown									
Last Name: _____			Country: _____			☐ Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer									
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military									
								☐ Foreign									
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Left		☐ Front									
						☐ Right		☐ Rear									
						☐ Center		☐ Single									
								☐ Unknown									
Pilot Name and Address						Degree of Injury											
First Name: _____			City: _____			☐ None		☐ Fatal									
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown									
Last Name: _____			Country: _____			☐ Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer									
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military									
								☐ Foreign									
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Left		☐ Front									
						☐ Right		☐ Rear									
						☐ Center		☐ Single									
								☐ Unknown									
Pilot Name and Address						Degree of Injury											
First Name: _____			City: _____			☐ None		☐ Fatal									
Middle Initial: _____			State: _____ ZIP: _____			☐ Minor		☐ Unknown									
Last Name: _____			Country: _____			☐ Serious											
Pilot Certificate(s) (Check all that apply)						Seat Occupied											
☐ None		☐ Student		☐ Recreational		☐ Commercial		☐ Flight Engineer									
☐ Private		☐ Flight Instructor		☐ Sport		☐ Airline Transport		☐ U.S. Military									
								☐ Foreign									
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No				Total Flight Time at the Time of this Accident/Incident: _____ hrs		☐ Left		☐ Front									
						☐ Right		☐ Rear									
						☐ Center		☐ Single									
								☐ Unknown									
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)																	
Name and Address						Seat	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	
First Name: _____ City: _____						_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Middle Initial: _____ State: _____ ZIP: _____																	
Last Name: _____ Country: _____																	

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 time and point of departure, intended destination, and services obtained.

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

Operator/Owner Safety Recommendation

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**10/18/2013*mm/dd/yyyy***Signature and Name of Pilot/Operator**

Signature: _____

Type or Print Name: Kevin W. Jahnnny**Signature and Name of Person Filing Report if Other than Pilot/Operator**

Signature: _____

Type or Print Name: _____

Title: _____

FOR NTSB USE ONLY**NTSB Accident/Incident No.**
WPR14CA018**Reviewed by NTSB Regional Office**
WPR Federal Way, WA**Name of Investigator**
Debra J. Eckrote**Date Report Received**
10/21/13