



RESETForm

PILOT / OPERATOR OCCURRENCE REPORT FORM

Print Form

Insurance Policy #: [REDACTED]

Claim #: [REDACTED]

1. LOCATION OF ACCIDENT, DATE AND TIME

City (nearest) and State Santa Rosa	Date of Accident 11-15-2014	Time 12:45 PST
Airport Identifier and Name (If accident occurred on approach to, takeoff from or at an airport) KSTS	Runway: Mag Direction / Length 14/6,000 ft	Runway: Surface and Condition paved, dry

2. AIRCRAFT

Year 2011	Make Cessna	Model C-162 Skycatcher	Reg. # N5216N		
Tach Reading 1,232.40	Hobbs Reading 1,662.0	AFTT 1,232.40	Time Since Last Insp. 9.30	Date of Last Insp. 11/06/2014	Type of Inspection 100 hr and annual
Engine Make Continental	Model O-200	Serial #(s) 1000988			
Eng. Total Time 1,232.4	Eng. Time Since Overhaul 1,232.4	Engine TBO Limit 2,000	Date of Last Insp. 11/6/2014	Type of Inspection 100 hr and annual	
Registered Owner Skycatcher N162AH LLC	Contact Robert G Clark				
Street Address: [REDACTED]	Office Phone # [REDACTED]	Cell Phone # [REDACTED]			
City Santa Rosa	State CA	Zip Code 95409	Email [REDACTED]		

PLEASE DESCRIBE THE DAMAGE TO THE AIRCRAFT

Prop strike, nose gear separated from aircraft

Present Location of Aircraft Maintenance hangar, KSTS	Estimated Repair Costs
---	-------------------------------

3. PILOT INFORMATION

Name Marina Farah		Age 44	Profession Physician	
Street Address: [REDACTED]		Office Phone # [REDACTED]	Cell Phone # [REDACTED]	
City Calistoga	State CA	Zip Code 94515	Email [REDACTED]	
Pilot Certificate # [REDACTED]		Type Ratings: [REDACTED]		
☒ Student ☐ Private ☐ Commercial ☐ ATP ☐ Flight Instructor ☐ Lighter than air		☐ Airplane ☐ Single Engine ☐ Multi Engine ☐ Land ☐ Instrument ☐ Rotorcraft		☐ Sea ☐ Gyroplane Medical Certificate Date Jun 30, 2014 Medical Certificate Limitations: Must wear corrective lenses
		Examiner Robert Gabbay, DO		CLASS ☐ I ☐ II ☒ III
				B.F.R. / Equivalent Date [REDACTED]

Pilot Time - Hours Flown (If applicable)	Last 90 Days	Total Time	Pilot Time - Hours Flown (If applicable)	Last 90 Days	Total Time
Pilot In Command	0.8	0.8	Helicopter		
Turbo Prop			Jet		
This Make & Model	0	0	Aerial Application		
Multi-Engine			Night		
Retractable Gear			Instrument - Actual		
Tailwheel			Instrument - Simulated		

4. DESCRIPTION OF ACCIDENT

Describe the event and the circumstances leading to the occurrence and the nature of the accident. Include a sketch if you desire. Attach extra sheets if more space is needed. If on a cross country flight, please state the point and time of departure and the intended destination

The accident happened at a time of second landing during solo flight. I had an uneventful first landing and an uneventful flight in the pattern leading to the second landing. Speed on final approach was 55-60 KIAS. Upon touchdown the plane bounced once and landed on the runway, breaking the front wheel and moving forward about 100 meters until full stop.

5. WEATHER CONDITIONS

Ceiling 20,000 ft	☒ Clear	☐ Sleet
Visibility 10 miles	☐ Cloudy	☐ Hail
Wind calm	☐ Rain	☐ Light Fog
	☐ Snow	☐ Heavy Fog

6. TYPE OF OPERATION

Operate d Under FAR Part: [REDACTED]	☒ VFR	☐ IFR	☐ Day	☐ Night
Commercial	☐ Scheduled	☐ Charter	☐ Aerial Application	
Private	☐ Pleasure	☐ Business		
Instructional	☐ Dual	☒ Solo	☐ Cross Country	

7. MECHANICAL MALFUNCTION/FAILURE

☒ NO ☐ YES If YES, list the Name of the part, Manufacturer, Part #, Serial # and Describe the failure		
Total Time On Part		Time Since Overhaul
		Overhauled by

8. LIST OF OCCUPANTS or OTHERS INJURED

Name	Marina Farah			Position / Location	pilot seat		
Address				☒ Crew	☐ Passenger	☐ Other	
City	Calistoga	State	CA	Zip Code	94515	INJURIES:	
						☐ FATAL ☐ MINOR	
						☐ SERIOUS ☒ NONE	
Phone #		Cell Phone #		Email			

Name				Position / Location			
Address				☐ Crew	☐ Passenger	☐ Other	
City		State		Zip Code		INJURIES:	
						☐ FATAL ☐ MINOR	
						☐ SERIOUS ☐ NONE	
Phone #		Cell Phone #		Email			

Name				Position / Location			
Address				☐ Crew	☐ Passenger	☐ Other	
City		State		Zip Code		INJURIES:	
						☐ FATAL ☐ MINOR	
						☐ SERIOUS ☐ NONE	
Phone #		Cell Phone #		Email			

Name				Position / Location			
Address				☐ Crew	☐ Passenger	☐ Other	
City		State		Zip Code		INJURIES:	
						☐ FATAL ☐ MINOR	
						☐ SERIOUS ☐ NONE	
Phone #		Cell Phone #		Email			

If additional parties are involved, please provide their information on a separate sheet of paper

9. DAMAGE TO PROPERTY OF OTHERS

Owners Name			none	Email		
Owners Address				Description of Property		
City		State		Zip Code		
Phone #				Cell Phone #		
				Damage to Property		

Owners Name				Email		
Owners Address				Description of Property		
City		State		Zip Code		
Phone #				Cell Phone #		
				Damage to Property		

Owners Name				Email		
Owners Address				Description of Property		
City		State		Zip Code		
Phone #				Cell Phone #		
				Damage to Property		

Owners Name				Email		
Owners Address				Description of Property		
City		State		Zip Code		
Phone #				Cell Phone #		
				Damage to Property		

Does the pilot have non-ownership insurance? ☒ NO ☐ YES ☐ Liability ☐ Hull

What Insurance Company?		Policy Number	
-------------------------	--	---------------	--

All particulars herein are true and complete to the best of my knowledge and no information has been withheld . I have read and understand the terms and conditions of the fraud warnings provided with this document.

Marina Farah
Pilot Name (Please print or type)


Pilot Signature

11/15/14
Date

Owner Name (Please print or type)

Owner Signature

Date

PRINT Form