



RESET Form

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, CA	Date of Accident 11/15/2014	Time 12:45pm
Airport Identifier and Name (If accident occurred on approach to, takeoff from or at an airport) KSTS	Runway: Mag Direction / Length 141/6,000ft	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 100hr 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. 11/06/2014	Type of Inspection 100hr and Annual	
Registered Owner SkyCatcherN162AH LLC	Contact Robert 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 Drew Mitchell		Age 33	Profession Flight Instructor		
Street Address: [REDACTED]		Office Phone # [REDACTED]	Cell Phone # [REDACTED]		
City Petaluma	State CA	Zip Code 94952	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		Medical Certificate Date Jan 27, 2014 Medical Certificate Limitations: None Medical Certificate Class: ☒ I ☐ II ☐ III Examiner Richard Andolsen B.F.R. / Equivalent Date Aug 22 2014	
Pilot Time - Hours Flown (If applicable)		Last 90 Days	Total Time	Pilot Time - Hours Flown (If applicable)	
Pilot In Command		168	5601	Helicopter	
Turbo Prop				Jet	
This Make & Model		67.8	545.6	Aerial Application	
Multi-Engine		28.6	111.8	Night	
Retractable Gear		38.4	557.5	Instrument - Actual	
Tailwheel				Instrument - Simulated	
				7.5	
				1.7	
				0	
				218.1	
				30.1	
				67.3	

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

In August 2014 my student soloed in our Cessna 152 without mishap. We spent the following 2 1/2 months training in the Cessna 162 Skycatcher, logging 10.6 hours and 24 takeoffs and landings in it before her solo in that aircraft. Prior to her Cessna 162 Skycatcher solo, as a warm-up, we did three takeoffs and landings in the pattern for Runway 14 together. We also did two intentional practice go-arounds from a low altitude over the runway so that she would be fresh on that maneuver in case the need should arise during her solo. After our pattern work together I asked her to perform 3 solo takeoff and landings. She was flying solo in the right hand traffic pattern for Runway 14. The first landing looked fine, but on the second landing I saw the plane bounce once then land hard and come to a stop gear and the propeller struck the runway.

5. WEATHER CONDITIONS

Ceiling	☒ Clear	☐ Sleet
Visibility 10sm	☐ Cloudy	☐ Hail
Wind calm	☐ Rain	☐ Light Fog
	☐ Snow	☐ Heavy Fog

6. TYPE OF OPERATION

Operate d Under FAR Part: 61	☒ 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 - Soloing Student			Position / Location Pilot - Left		
Address [REDACTED]			☒ Crew ☐ Passenger ☐ Other		
City Calistoga	State CA	Zip Code 94515	INJURIES: ☐ FATAL ☐ MINOR		
			☐ SERIOUS ☒ NONE		
Phone #	Cell Phone #	[REDACTED]	Email [REDACTED]		

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			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.

Drew Mitchell
Pilot Name (Please print or type)
Supervising Instructor

[Redacted Signature]
Pilot Signature

11/18/2014
Date

ROBERT G. CLARK
Owner Name (Please print or type)
OPERATOR

[Redacted Signature]
Owner Signature
OPERATOR

11/18/2014
Date

PRINT Form

APPLICABLE STATE FRAUD WARNINGS

(REV 07-2012)

ALL STATES UNLESS OTHERWISE NOTED: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

ALABAMA - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ALASKA - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under this title.

ARIZONA - For your protection Arizona law requires the following statement to appear on this form, any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS - Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DELAWARE - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA - Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

HAWAII - For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

IDAHO - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA - Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

KENTUCKY - Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND - Any person who knowingly and willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA - A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

NEW HAMPSHIRE - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20

NEW JERSEY - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

OHIO - Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON - Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: 1) by submitting an application, or 2) by filing a claim containing a false statement as to any material fact may be violating state law.

PENNSYLVANIA - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

TENNESSEE - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VIRGINIA - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.