

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: Stephen W Bohus, Jr.		Owner Address City: Buckeye State: AZ ZIP: 85396 Country: US	
Fractional Ownership Aircraft: ☐ Yes ☒ No			
Operator of Aircraft ☐ Same As Registered Owner Name: James George III Doing Business As: Air Carrier/Operator Designator (4 Character Code):		Operator Address ☐ Same As Registered Owner City: Fargo State: ND ZIP: Country: US Citizen	
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 Cargo Operation ☐ Passenger/Cargo ☐ Passenger _____ How many? ☐ Cargo _____ lbs ☐ Mail	Type of Commercial Operating Certificate Held (Check all that apply) ☐ 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 other aircraft)			
Aircraft Registration Number	Manufacturer: Model:	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None	
Registered Owner of Other Aircraft First Name: City: Middle Initial: State: ZIP: Last Name: Country:			
Pilot of Other Aircraft First Name: City: Middle Initial: State: ZIP: Last Name: Country:			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)			
Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No ☐ Unknown (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) Unit flew fine the evening prior, the systems were pre-flighted by both the owner and pilot and were found acceptable.			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 <i>(use additional sheet if necessary)</i> Totaled. extensive damage to wing, carriage and frame.			
AIRPORT INFORMATION <i>(If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)</i>			
Airport Identifier: <u>KBXK</u>		Distance From Airport Center: <u>0</u> SM	
Airport Name: <u>Buckeye Municipal</u>		Direction From Airport: _____ degrees MAG	
Proximity to Airport ☐ Off Airport/Airstrip ☐ On Airport ☒ On Airstrip		Airport Elevation: <u>1,021</u> ft. MSL	
Approach Segment <i>(Select one)</i>			
☐ On Instrument Approach ☐ Landing ☐ Base leg ☐ Final ☐ Go Around		☐ Crosswind ☐ Downwind ☐ Low Approach ☐ Aborted Landing (after touchdown)	
IFR Approach <i>(Check all that apply)</i>		VFR Approach <i>(Check all that apply)</i>	
☒ None ☐ PAR ☐ MLS ☐ Practice		☒ None ☐ Stop and Go	
☐ ADF/NDB ☐ Sideslip ☐ LDA ☐ GPS		☐ Traffic Pattern ☐ Touch and Go	
☐ SDF ☐ ILS ☐ ASR ☐ Loran		☐ Straight-In ☐ Simulated Forced Landing	
☐ VOR/TVOR ☐ Localizer Only ☐ Visual ☐ Unknown		☐ Valley/Terrain Following ☐ Forced Landing	
☐ VOR/DME ☐ LOC-back course ☐ Contact		☐ Go Around ☐ Precautionary Landing	
☐ TACAN ☐ RNAV ☐ Circling		☐ Full Stop ☐ Unknown	
Runway Information		Condition of Runway/Landing Surface <i>(Check all that apply)</i>	
Runway ID: <u>17</u> (L/R/C) Length: <u>5,500</u> ft Width: <u>75</u> ft		☒ Dry ☐ Snow-Compacted ☐ Water-Calm	
Runway/Landing Surface <i>(Check all that apply)</i>		☐ Holes ☐ Snow-Crusted ☐ Water-Choppy	
☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water		☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy	
☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Unknown		☐ Rough ☐ Snow-Wet ☐ Wet	
☐ Dirt ☐ Ice ☐ Snow		☐ Rubber Deposits ☐ Soft ☐ Unknown	
☐ Slush Covered ☐ Vegetation			
FLIGHT ITINERARY INFORMATION			
Last Departure Point		Time of Departure	
Airport ID: <u>KBXK</u>		Time: <u>2:00 PM</u>	
City: _____		Time Zone: <u>MT</u>	
State: _____		Destination	
Country: _____		Airport ID: _____	
		City: _____	
		State: _____	
		Country: _____	
Type Flight Plan Filed			
☒ None ☐ VFR/IFR			
☐ Company VFR ☐ IFR			
☐ Military VFR ☐ Unknown			
☐ VFR			
Activated? ☐ Yes ☐ No			
Type of ATC Clearance/Service <i>(Check all that apply)</i>			
☒ None ☐ Special VFR ☐ Special IFR ☐ VFR Flight Following ☐ Cruise			
☐ VFR ☐ IFR ☐ VFR On Top ☐ Traffic Advisory ☐ Unknown / NA			
Airspace where the accident/incident occurred <i>(Check all that apply)</i>			
☐ 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 <i>(Check all that apply)</i>			
☒ 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 <i>(convert from pounds, as necessary)</i>		Fuel Type	
<u>13</u> Gallons		☐ 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

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Weather Observation Facility Facility ID: <u>AWOS</u> Observation Time: <u>1:45</u> Time Zone: <u>MT</u> Distance from Accident Site: _____ 0 NM Direction from Accident Site: _____ degrees MAG		Source of Weather Information <i>(Check all that apply)</i> ☐ National Weather Service ☐ Flight Service Station ☐ TV/Radio ☒ Automated Report ☐ Commercial Weather Service (DUATS) ☐ Company ☐ Military ☐ Internet ☐ Unknown		Method of Briefing <i>(Check all that apply)</i> ☒ 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 _____ 30 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 <i>(Check all that apply)</i> ☒ 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: _____ 5 KTS -or- ☐ Calm ☒ Light and Variable		Wind Gusts Velocity: _____ KTS ☐ Gusting ☒ Not Gusting	
Type of Turbulence <i>(Check all that apply)</i> ☒ 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 _____ 80 (F)	Icing Forecast Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed	Type of Precipitation <i>(Check all that apply)</i> ☒ None ☐ Rain ☐ Snow ☐ Hail ☐ Rain Showers ☐ Freezing Rain ☐ Snow Shower ☐ Drizzle ☐ Ice Pellets ☐ Snow Pellets ☐ Snow Grains ☐ Ice Crystals ☐ Ice Pellets Shower ☐ Freezing Drizzle
Altimeter Setting: _____ in. HG or _____ MB	Icing Actual Amount ☒ None ☐ Moderate ☐ Trace ☐ Severe ☐ Light Type ☐ Rime ☐ Clear ☐ Mixed	Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy
Density Altitude: _____ ft	Dew Point: _____ (C) or _____ (F)	

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: <u>James</u> Middle Initial: _____ Last Name: <u>George III</u> Age at time of Accident/Incident: <u>55</u> Date of Birth: _____ <i>mm/dd/yyyy</i>						City: <u>Fargo</u> State: <u>ND</u> ZIP: _____ Country: <u>US</u> Certificate Number: _____																																																																																															
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) <i>(Check all that apply)</i> ☐ None ☐ Student ☒ Private ☒ Flight Instructor ☒ Recreational ☐ Commercial ☒ Sport ☐ Airline Transport ☐ Flight Engineer ☐ Foreign ☐ 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 _____ <i>mm/dd/yyyy</i>																																																																																													
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Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>				Flight Review Aircraft Make: _____ Model: _____																																																																																																	
Airplane Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Single-Engine Land ☐ Single-Engine Sea ☒ Multiengine Land ☐ Multiengine Sea		Other Aircraft Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☒ Gyroplane ☒ Helicopter ☐ Powered Lift		Instrument Rating(s) <i>(Check all that apply)</i> ☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		Instructor Rating(s) <i>(Check all that apply)</i> ☐ None ☒ Airplane Single-Engine ☒ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☒ Glider ☒ Sport																																																																																															
Type Ratings						Student Endorsements <i>(Include dates)</i>																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 5px;">Flight Time <i>(enter appropriate number of hours in each box)</i></th> <th rowspan="2" style="padding: 5px;">All Aircraft</th> <th rowspan="2" style="padding: 5px;">This Make & Model</th> <th rowspan="2" style="padding: 5px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 5px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 5px;">Night</th> <th colspan="2" style="padding: 5px;">Instrument</th> <th rowspan="2" style="padding: 5px;">Rotorcraft</th> <th rowspan="2" style="padding: 5px;">Glider</th> <th rowspan="2" style="padding: 5px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 5px;">Actual</th> <th style="padding: 5px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 5px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>												Flight Time <i>(enter appropriate number of hours in each box)</i>	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										
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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: _____					City: _____						
Middle Initial: _____					State: _____			ZIP: _____			
Last Name: _____					Country: _____						
Age at time of Accident/Incident: _____			Date of Birth: _____ <i>mm/dd/yyyy</i>			Certificate Number: _____					
Degree of Injury			Seat Occupied			Seat Belt			Shoulder Harness		
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious			☐ Left ☐ Front ☐ Unknown ☐ Right ☐ Rear ☐ Center ☐ Single			Used ☐ Yes ☐ No Available ☐ Yes ☐ No			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		Medical Certificate			Medical Certificate Validity			Date of Last Medical			
☐ Pilot ☐ Other ☐ Unknown		☐ None ☐ Class 3 ☐ Class 1 ☐ Driver's License (Sport Pilot only) ☐ Class 2 ☐ Unknown			☐ Without limitations/waivers ☐ With limitations/waivers ☐ Unknown			<i>mm/dd/yyyy</i>			
Medical Certificate Limitations											
Medical Certificate Waivers											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>				Flight Review Aircraft							
				Make: _____							
				Model: _____							
Airplane Rating(s) (Check all that apply)		Other Aircraft Rating(s) (Check all that apply)		Instrument Rating(s) (Check all that apply)		Instructor Rating(s) (Check all that apply)					
☐ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea		☐ None ☐ Airship ☐ Free Balloon ☐ Glider ☐ Gyroplane ☐ Helicopter ☐ Powered Lift		☐ None ☐ Airplane ☐ Helicopter ☐ Powered Lift		☐ 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											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											

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 ☐ Foreign					☐ Left ☐ Front									
☐ Private ☐ Flight Instructor ☐ Sport ☐ Airline Transport ☐ U.S. Military					☐ Right ☐ Rear									
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs									
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Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No					Total Flight Time at the Time of this Accident/Incident: _____ hrs									
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: _____														
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Middle Initial: _____ State: _____ ZIP: _____														
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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. James George III, was introduced to me as a high time fixed wing pilot with an interest in becoming a CFI for trikes. He was introduced to me by Amy Saunders and Larry Mednick of Evolution trikes. He was spending 6 weeks in Arizona while his wife worked here temporarily - and expressed his interest to complete his CFI endorsement for Trikes. I referred him to Rebel Wallace for his training. I had recently been soloed in the Revo aircraft by Rebel Wallace. We had the opportunity to get together several different times and I was impressed with his knowledge of flying and respected his opinions and input. On the day of the accident - We had been discussing the possibility of taking up a passenger who was visiting from out of town for a flight as well as completing a flight plan so I could get a cross country endorsement in addition to my solo endorsement. We planned on a 28 mile trip to Gila Bend airport for the requirement. Because he was recently awarded his CFI for trikes we had determined that a solo flight in and around the pattern was ideal so that he could acquaint himself with the controls and handling of the Revo aircraft. He flew backseat the evening before with me as the Pilot in command, where we had spent 45 minutes airborne and finished with a dead stick landing on Runway 17 from an altitude of approx 2000 feet. Time of accident - We had parked out on tarmac to observe the takeoff and flight around the pattern. Nothing looked right about the takeoff at all - the roll out to get ground speed up was way too short, the angle of attack was too steep for this type of aircraft. During the flight which looked about 75 feet high he had veered left and then right where the aircraft had landed upside down at impact. I ran into the office and notified the Airport Supervisor John McMahon there was an accident and directed him to the scene. On this day there were changing wind directions and winds were at 3-5 kts prior to the flight. Both me and the pilot had performed a pre-flight to each others satisfaction.
RECOMMENDATION (How could this accident/incident have been prevented?)
Operator/Owner Safety Recommendation 1.) Ensuring the operator had more time in this particular aircraft - it was different and considered a high performance vehicle as opposed to the wing he might have trained in for his CFI in trikes. 2.) Ensuring the operator had proper transition training and enough hours logged in the advanced aircraft. I now know that his limited endorsement for CFI training did not cover sufficiently the transition that a 'private pilot' to 'trike pilot' should have to undergo - a minimum of 40 hours of transition training should have been in effect - all controls are opposite in the flex wing vrs. fixed wing. 3.) Although the pilot had assured me that he could fly this aircraft - it would have been prudent to get his instructors opinion.

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 02/19/2016 <i>mm/dd/yyyy</i>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: _____
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Signature and Name of Person Filing Report if Other than Pilot/Operator	
Signature: _____	
Type or Print Name: Stephen W Bohus, Jr.	
Title: Owner / Pilot / Operator.	

FOR NTSB USE ONLY			
NTSB Accident/Incident No. WPR16LA071	Reviewed by NTSB Regional Office WPR	Name of Investigator Michael Huhn	Date Report Received 2/19/16