

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

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

BASIC INFORMATION

Accident/Incident Location

Nearest City/Place: Madera State: CA
 ZIP: 93637 Country: Madera
 Latitude: _____ Longitude: _____
 (Enter in decimal degrees or degrees/minutes/seconds)

Accident/Incident Date/Time

Date: 05-07-2017 Local Time: 11:30 AM
 mm/dd/yyyy Time Zone: Pacific

Collision with Other Aircraft: None On-ground None

AIRCRAFT INFORMATION

Registration Number: N3712H

Manufacturer: GRUMAN

Model: G164A

Serial Number: _____

Year of Manufacture: 1975

Amateur-Built: Yes No If Yes: Kit/Plans Make: _____
 Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft

Maximum Gross Weight: Part 137 COMB

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 1 Flight Crew Seats: _____

Cabin Crew Seats: _____ Passenger Seats: _____

Number of Engines: 1

Category of Aircraft

☒ Airplane
☐ Balloon
☐ Blimp/Dirigible
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift
☐ Rocket
☐ Ultralight
☐ Unknown

Type of Airworthiness Certificate (Check all that apply)

Standard ☒ Special
 Normal ☐ Limited
 Aerobatic ☐ Provisional
 Balloon ☐ Special Flight
 Commuter ☐ Experimental
 Transport ☐ Special Light-Sport
 Utility ☐ Experimental Light-Sport
 Certificate of Authorization or Waiver (COA)
 None ☐ Unknown ☐

Landing Gear

(Check all that apply)

Retractable ☒ Tailwheel
 Tricycle ☐ High Skid
 Amphibian ☐ Skid
 Emergency Float ☐ Ski
 Float ☐ Ski/Wheel
 Hull ☐ Other Launch/Recovery System
 None ☐ Unknown ☐

Engine Type (Select one)

☒ Reciprocating ☐ Liquid Rocket
☐ Turbo Shaft ☐ Solid Rocket
☐ Turbo Prop ☐ Hybrid Rocket
☐ Turbo Jet ☐ None
☐ Turbo Fan ☐ Unknown
☐ Electric

Fuel System Type (Reciprocating)

Carburetor ☐ Fuel-Injected ☐

Engine	Engine Manufacturer	Engine Model/Serial	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 1	PTW	R1340			600 HP			1000
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection: 6-14-2016
 mm/dd/yyyy

Airframe Total Time: 2000 hrs
 hours measured at (Select one)
 Last Inspection Time of Accident/Incident

Type of Maintenance Program (Select one)

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

Description of Fire Extinguishing System

None ☒
 Specify: _____

Propeller 1

Fixed Pitch ☐
 Controllable Pitch ☒
 Ground Adjustable ☐

Manufacturer: Han. Standard
 Model: _____

Propeller 2

Fixed Pitch ☐
 Controllable Pitch ☐
 Ground Adjustable ☐

Manufacturer: _____
 Model: _____

ELT Installed: Yes ☐ No ☒

If Yes:

ELT Manufacturer: _____

Model or Part No.: _____

TSD No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)

Was ELT still mounted in aircraft? Yes ☐ No ☐

Was ELT still connected to antenna? Yes ☐ No ☐

Did ELT activate? Yes ☐ No ☐

If activated:

Did ELT Aid in Locating Aircraft? Yes ☐ No ☐

If not activated:

Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Additional Equipment (Check all that apply)

ADS-B
 Airframe Parachute
 Angle of Attack Indicator
 Autopilot
 Data Recorder
 Electronic Flight Bag or Handheld Device
 Electronic Multifunction Display
 Electronic Primary Flight Display
 Handheld GPS
 Heads Up Display
 Onboard Weather
 Satellite Tracking Device
 Stall Warning System
 Video Recording Device
 Other, Specify: _____

OWNER/OPERATOR INFORMATION			
Registered Aircraft Owner Name: <u>Streeter Racing INC.</u> Fractional Ownership Aircraft: Yes ☒		City: <u>[REDACTED]</u> State: <u>MD</u> ZIP: <u>52210</u> Country: <u>Buchanan</u>	
Operator of Aircraft <i>Same As Registered Owner</i> Name: <u>Streeter Flying Serv.</u> Doing Business As: <u>Streeter Flying Serv.</u> Air Carrier/Operator Designator (4 Character Code): _____		<i>Same Address as Registered Owner</i> City: _____ State: _____ ZIP: _____ Country: _____	
Operating Certificates Held <i>(Check all that apply)</i> None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135) Commercial Air Tour (FAR 136) <u>Agricultural Aircraft (FAR 137)</u> Pilot School (FAR 141) Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft	Regulation Flight Conducted Under FAR 91 FAR 129 FAR 415 FAR 103 FAR 133 FAR 431 FAR 121 FAR 135 FAR 435 FAR 125 <u>FAR 137</u> FAR 437 FAR 91 Special Flight Non-US, Commercial Non-US, Non-commercial Public Aircraft <i>(Select one)</i> Armed Forces Federal State Local Unknown	Revenue Operation for FAR 121, 125, 129, 135 <i>(Select one for each group)</i> Scheduled or Commuter Domestic Non-Scheduled or Air Taxi International Passenger Cargo Mail Contract Only	
Revenue Sightseeing Flight Yes No	Air Medical Flight Yes No	Purpose of Flight for FAR 91, 103, 133, 137 <i>(Select one)</i> <u>Aerial Application</u> Firefighting Unknown Aerial Observation Flight Test Air Drop Glider Tow Air Race/Show Instructional Banner Tow Other Work Use Business Personal Executive/Corporate Positioning External Load Skydiving Ferry	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 5 miles of an airport)</i>			
Airport Name: <u>Madera Muni.</u> Airport Identifier: _____ Proximity to Airport: ☒ On Airport/Airstrip ☐ N/A		Distance From Airport Center: _____ Direction From Airport: <u>ON AIRPORT</u> Airport Elevation: _____ ft. msl	
Runway Information Runway ID: <u>20</u> (L/R/C) Length: <u>1000?</u> ft Width: <u>150?</u> ft		Condition of Runway/Landing Surface <i>(Check all that apply)</i> ☒ Dry ☐ Snow-Compacted ☐ Water-Calm ☐ Holes ☐ Snow-Crusted ☐ Water-Choppy ☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy ☐ Rough ☐ Snow-Wet ☐ Wet ☐ Rubber Deposits ☐ Soft ☐ Shush-Covered ☐ Vegetation ☐ Unknown	
Runway/Landing Surface <i>(Check all that apply)</i> ☒ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water ☐ Concrete ☐ Gravel ☐ Metal/Wood ☐ Dirt ☐ Ice ☐ Snow ☐ Unknown			
Approach/Departure Segment <i>(Select one)</i> ☒ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach ☒ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around ☐ Initial Climb ☐ Final ☐ Shorted Landing (after touchdown) ☐ Unknown			
IFR Approach <i>(Check all that apply)</i> None ADF/ND8 SDF VOR/TVOR VOR/DME TACAN PAPI Step ILS Localizer Only LOC-back course RNAV MLS LDA ASR Visual Contact Circling Practice GPS Unknown		VFR Approach <i>(Check all that apply)</i> None Traffic Pattern Straight-In Valley/Terrain Following Go Around Full Stop Stop and Go Touch and Go Simulated Forced Landing Forced Landing Precautionary Landing Unknown	

FLIGHT CREWMEMBER 1 INFORMATION											
"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident ☒ Pilot ☐ Co-Pilot ☐ Student Pilot ☐ Flight Instructor ☐ Check Pilot ☐ Flight Engineer ☐ Other Flight Crew											
"Flight Crewmember 1" was pilot flying ☒ Yes ☐ No											
"Flight Crewmember 1" Identification First Name: <u>Stephen</u> City of Residence: <u>Chowicki Pa</u> Middle Initial: <u>R</u> State: <u>Pa</u> ZIP: <u>93610</u> Last Name: <u>Streeter</u> Country: _____ Age at time of Accident/Incident: <u>70</u> Date of Birth: <u>1946</u> mm/dd/yyyy Certificate Number: _____											
Degree of Injury ☒ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious		Seat Occupied ☐ Left ☐ Front ☐ Right ☐ Rear ☐ Center ☒ Single		Restraint Type Available ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Used ☐ None ☒ Lap only ☐ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☒ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown			
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☒ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer											
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 ☐ Special Issuance		Date of Last Medical ☐ Unknown ☐ N/A <u>11-29-2014</u> mm/dd/yyyy					
Medical Certificate Limitations <u>Glasses for Near Vision</u>											
Medical Certificate Special Issuance											
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: <u>07-19-2015</u> mm/dd/yyyy				Flight Review Aircraft Make: <u>Cessna</u> Model: <u>C-172</u>							
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 ☐ 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		Rotocraft	Glider	Lighter Than Air
Total Time		30K+	2000+	15K+	100	300	15	25	15K+		
Pilot in Command (PIC)		30K+									
Time as Instructor											
This Make/Model											
Last 90 Days		45									
Last 30 Days		30									
Last 24 Hours		4									

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew										
"Flight Crewmember 2" was pilot flying Yes No										
"Flight Crewmember 2" Identification First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ mm/dd/yyyy Certificate Number: _____										
Degree of Injury None Fatal Minor Unknown Serious		Seat Occupied Left Front Right Rear Center Single Unknown		Restraint Type Available Used None None Lap only Lap only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown			Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown			
Pilot Certificate(s) (Check all that apply) None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer				Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown			Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance			Date of Last Medical mm/dd/yyyy
Principal Occupation Pilot Other Unknown		Medical Certificate Limitations			Medical Certificate Special Issuance			Date of Last Flight Review or Equivalent, including FAR 121/135 Checks: mm/dd/yyyy		Flight Review Aircraft Make: _____ Model: _____
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 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			Student Endorsements (include dates)	
Type Ratings										
Flight Time (Enter appropriate number of hours in each box)										
	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotocraft	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 CREWMEMBERS (Exclusive of Cabin Crew, complete the following information)									
Crew Name and Address				Seat Occupied		Injury			
First Name: _____		City of Residence: _____		Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown			
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints			
None		Flight Instructor		Available		Used		Not Installed Installed Not Deployed Deployed Unknown	
Private		Recreational		None		None			
Student		Sport		Lap Only		Lap Only			
		Commercial		3-point		3-point			
		Airline Transport		4-point		4-point			
		Flight Engineer		5-point		5-point			
		US Military		Unknown		Unknown			
		Foreign							
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Yes		No							
Crew Name and Address				Seat Occupied		Injury			
First Name: _____		City of Residence: _____		Left Center Right	Front Rear Single Unknown	None Minor Serious Fatal Unknown			
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Pilot Certificate(s) (Check all that apply)				Restraint Type:		Inflatable Restraints			
None		Flight Instructor		Available		Used		Not Installed Installed Not Deployed Deployed Unknown	
Private		Recreational		None		None			
Student		Sport		Lap Only		Lap Only			
		Commercial		3-point		3-point			
		Airline Transport		4-point		4-point			
		Flight Engineer		5-point		5-point			
		US Military		Unknown		Unknown			
		Foreign							
Type Rating/Endorsement for Accident/Incident Aircraft?				Total Flight Time at the Time of this Accident/Incident: _____ hrs					
Yes		No							
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew, continue on separate sheet if necessary)									
Name and Address			Seat	Injury	Restraint Type		Inflatable Restraints	Age	
First Name: _____		City: _____	Left Center Right Unknown	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Crew Passenger Other			Row: _____						
First Name: _____		City: _____	Left Center Right Unknown	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Crew Passenger Other			Row: _____						
First Name: _____		City: _____	Left Center Right Unknown	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Crew Passenger Other			Row: _____						
First Name: _____		City: _____	Left Center Right Unknown	None Minor Serious Fatal Unknown	Available None Lap Only 3-point 4-point 5-point Unknown	Used None Lap Only 3-point 4-point 5-point Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown	
Middle Initial: _____		State: _____ ZIP: _____							
Last Name: _____		Country: _____							
Crew Passenger Other			Row: _____						

FLIGHT ITINERARY INFORMATION					
Last Departure Point		Time of Departure		Destination	
Airport ID: <u>Madera</u>		Time: <u>11:30 AM</u>		Airport ID: <u>Local 137</u>	
City: <u>Madera</u>		Time Zone: <u>PAC</u>		City: <u>Local 137</u>	
State: <u></u>		Country: <u></u>		State: <u></u>	
Country: <u></u>				Country: <u></u>	
Type of ATC Clearance/Service (Check all that apply)					
None VFR		Special VFR IFR		Special IFR VFR On Top	
				VFR Flight Following Traffic Advisory	
				Cruise Unknown / NA	
Airspace where the accident/incident occurred (Check all that apply)					
Class A		Class G		Military Operations Area (MOA)	
Class B		Class D		Airport Advisory Area	
Class C		Class E		Jet Training Area	
Class D		Class F		TRSA	
Class E		Class H		FAR 93	
				Special Air Traffic Control Area	
				Unknown	
				Altitude of Incident Occurrence: <u></u> ft msl	
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE					
Source of Pilot Weather Information (Check all that apply)			Weather Observation Facility		
National Weather Service			Facility ID: <u></u>		
Flight Service Station			Observation Time: <u></u>		
TV/Radio			Time Zone: <u></u>		
Automated Report			Distance from Accident Site: <u></u> nm		
Commercial Weather Service (DUATS)			Direction from Accident Site: <u></u> degrees true		
On-Board Weather					
Basic Conditions		Light Condition			
VMC		Dawn			
IMC		Dusk			
Unknown		Dark Night			
		Bright Night			
		Unknown			
Sky/Lowest Cloud Condition		Ceiling		Temperature: <u></u> (C) or <u>65</u> (F)	
Clear		None (Clear)		Dew Point: <u></u> (C) or <u></u> (F)	
Thin Broken		Obscured		Altimeter Setting: <u></u> in. Hg	
Thin Overcast		Indefinite		or <u></u> MB	
Few		Unknown			
Partial Obscuration					
Scattered					
Lowest Cloud Condition Height <u></u> ft agl		Ceiling Height <u></u> ft agl			
Wind Direction		Wind Speed		Wind Gusts	
Variable		Calm		Not Gusting	
-or- <u></u> degrees true		Light and Variable		Speed: <u>8-12</u> kts	
				Speed: <u>14</u> kts	
				Visibility <u>10</u> miles	
				RVR: <u></u> feet	
				RVV: <u></u> miles	
				Density Altitude: <u></u> ft	
Intensity of Precipitation		Type of Precipitation (Check all that apply)		Restriction to Visibility (Check all that apply)	
Light		None		None	
Moderate		Drizzle		Blowing Dust	
Heavy		Ice Pellets		Blowing Sand	
N/A		Snow Pellets		Blowing Snow	
Unknown		Snow Grains		Blowing Spray	
		Rain Showers		Dust	
		Ice Crystals		Fog	
				Ground Fog	
				Haze	
				Ice Fog	
				Smoke	
				Unknown	
Icing Forecast		Icing Actual		Turbulence	
Amount		Amount		Type (Check all that apply)	
None		None		None	
Trace		Trace		Clear Air	
Light		Light		Terrain-Induced	
Moderate		Moderate		Convective Turbulence	
Severe		Severe			
Unknown		Unknown			
Type		Type		Severity	
N/A		N/A		Light	
Clear		Clear		Moderate	
Mixed		Mixed		Severe	
Unknown		Unknown		Extreme	
NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY			
Aircraft Damage None Minor Substantial <u>Destroyed</u> Unknown	Aircraft Fire None <u>In-Flight</u> <u>On-Ground</u>	Both Ground and In-Flight Fire at Unknown Time Unknown	Aircraft Explosion <u>None</u> <u>In-Flight</u> On-Ground Both Ground and In-Flight Explosion at Unknown Time Unknown
Description of Damage to Aircraft and Other Property (Use additional sheet if necessary) Landing Gear Collapsed, engine Torn off, Substantial Fire.			
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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible. Aircraft veered to the left after a short Take off roll. Maximum application of right brake & right rudder was ineffective. Air- craft departed the Runway to the left, Landing gear collapsed and aircraft came to rest with substantial damage. A fire started immediately, and the aircraft was destroyed.			

RECOMMENDATION (How could this accident/incident have been prevented?)																			
Operator/Owner Safety Recommendation Aircraft needed larger brakes.																			
MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)																			
Was there Mechanical Malfunction/Failure? (Yes) No (If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) The right brake seemed to be less effective than Normal.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Total Time/Cycles On Part</th> </tr> <tr> <td style="width: 80%;"></td> <td style="text-align: right; padding: 2px;">Hours</td> </tr> <tr> <td></td> <td style="text-align: right; padding: 2px;">Cycles</td> </tr> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Time Since This Part Inspected/Overhauled</th> </tr> <tr> <td></td> <td style="text-align: right; padding: 2px;">Hours</td> </tr> </table>	Total Time/Cycles On Part			Hours		Cycles	Time Since This Part Inspected/Overhauled			Hours						
Total Time/Cycles On Part																			
	Hours																		
	Cycles																		
Time Since This Part Inspected/Overhauled																			
	Hours																		
FUEL & SERVICES INFORMATION																			
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 35 Gallons	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">Fuel Type</th> <th style="text-align: left; padding: 2px;">115/145</th> <th style="text-align: left; padding: 2px;">Jet B</th> <th style="text-align: left; padding: 2px;">Other, specify _____</th> </tr> <tr> <td style="padding: 2px;">80/87</td> <td style="padding: 2px;">Jet A</td> <td style="padding: 2px;">JP8</td> <td></td> </tr> <tr> <td style="padding: 2px;">100 Low Lead</td> <td style="padding: 2px;">Jet A-1</td> <td style="padding: 2px;">Automotive</td> <td></td> </tr> <tr> <td style="padding: 2px;">100/130</td> <td></td> <td></td> <td></td> </tr> </table>			Fuel Type	115/145	Jet B	Other, specify _____	80/87	Jet A	JP8		100 Low Lead	Jet A-1	Automotive		100/130			
Fuel Type	115/145	Jet B	Other, specify _____																
80/87	Jet A	JP8																	
100 Low Lead	Jet A-1	Automotive																	
100/130																			
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 Rapid exit through Normal exit																			
OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)																			
Aircraft Registration Number	Manufacturer Model: N/A	Damage to Other Aircraft <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;">Destroyed Substantial</td> <td style="width: 50%; text-align: center; padding: 2px;">Minor None</td> </tr> </table>		Destroyed Substantial	Minor None														
Destroyed Substantial	Minor None																		
Registered Owner of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____		Pilot of Other Aircraft Name: _____ City: _____ State: _____ ZIP: _____ Country: _____																	

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

05-09-2017

mm/dd/yyyy

Name of Pilot/Operator: Stephen SpectorSignature: [Signature]

-- or --

Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: _____

Title: _____

Signature: _____

-- or --

Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No.

WPR17LA100

Reviewed by NTSB Regional Office

WPR OAS

Name of Investigator

SMITH, M.

Date Report Received

5/9/17