

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: MERCED State: CA
 ZIP: 95369 Country: USA
 Latitude: 37.3808 N
 Longitude: 120.57 W

(Enter in decimal degrees or degrees, minutes, seconds)

Accident/Incident Date/Time

Date: 09/06/2017 Local Time: 1400
 mm/dd/yyyy Time Zone: PDT

Collision with Other Aircraft: ☐ Midair ☒ On-ground ☐ None

AIRCRAFT INFORMATION

Registration Number:

Manufacturer: Boeing

Model: 737-800

Serial Number: 45678

Year of Manufacture: 2015

Amateur-Built: ☐ Yes ☒ No If Yes: ☐ Kit/Plans ☐ Make: Boeing
☐ Original Design

☐ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: 175,000 lbs

Weight at Time of Accident/Incident: 175,000 lbs

Number of Seats: 189 Flight Crew Seats: 2

Cabin Crew Seats: 10 Passenger Seats: 177

Number of Engines: 2

Category of Aircraft

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

Type of Airworthiness Certificate (Check all that apply)

Standard
☐ Normal
☐ Aerobatic
☐ Balloon
☐ Commuter
☐ Transport
☐ Utility
☐ Certificate of Authorization or Waiver (COA)
☐ None

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

Landing Gear

(Check all that apply)

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

Engine Type (Select one)

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

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)	Overhaul (hours)
Eng. 1								
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type

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

Date Last Inspection:

mm/dd/yyyy

Airframe Total Time:

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: None

Description of Fire Extinguishing System

☐ None
☐ Specify: None

Propeller 1

☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: Hamilton

Model: 15A50

ELT Installed: ☐ Yes ☒ No

If Yes:

ELT Manufacturer: Garmin

Model or Part No.: GT150

TSO No.: ☒ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)
☐ OC126 (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

Propeller 2

☐ Fixed Pitch
☒ Controllable Pitch
☐ Ground Adjustable

Manufacturer: Hamilton

Model: 15A50

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
☐ On-board Weather
☐ Satellite Tracking Device
☐ Stall Warning System
☐ Video Recording Device
☐ Other, Specify: None

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner _____ City: _____

Name: _____ State: _____ ZIP: _____

Fractional Ownership Aircraft: ☐ Yes ☐ No Country: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Name: _____ City: _____

Doing Business As: _____ State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____ Country: _____

2. Operating Costs	3. Revenue	Revenue Operation for EAP 121, 125, 129, 135
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Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Under	Revenue Operation for FAR 121, 123, 129, 135 (Select one for each group)
☐ Part 119 ☐ Part 121 ☐ Part 123 ☐ Part 133 ☐ Part 135 ☐ Part 137 ☐ Part 141 ☐ Part 142 ☐ Part 143 ☐ Part 145 ☐ Part 147 ☐ Part 149 ☐ Part 150 ☐ Part 155 ☐ Part 157 ☐ Part 159 ☐ Part 161 ☐ Part 163 ☐ Part 165 ☐ Part 167 ☐ Part 169 ☐ Part 171 ☐ Part 173 ☐ Part 175 ☐ Part 177 ☐ Part 179 ☐ Part 181 ☐ Part 183 ☐ Part 185 ☐ Part 187 ☐ Part 189 ☐ Part 191 ☐ Part 193 ☐ Part 195 ☐ Part 197 ☐ Part 199 ☐ Part 201 ☐ Part 203 ☐ Part 205 ☐ Part 207 ☐ Part 209 ☐ Part 211 ☐ Part 213 ☐ Part 215 ☐ Part 217 ☐ Part 219 ☐ Part 221 ☐ Part 223 ☐ Part 225 ☐ Part 227 ☐ Part 229 ☐ Part 231 ☐ Part 233 ☐ Part 235 ☐ Part 237 ☐ Part 239 ☐ Part 241 ☐ Part 243 ☐ Part 245 ☐ Part 247 ☐ Part 249 ☐ Part 251 ☐ Part 253 ☐ Part 255 ☐ Part 257 ☐ Part 259 ☐ Part 261 ☐ Part 263 ☐ Part 265 ☐ Part 267 ☐ Part 269 ☐ Part 271 ☐ Part 273 ☐ Part 275 ☐ Part 277 ☐ Part 279 ☐ Part 281 ☐ Part 283 ☐ Part 285 ☐ Part 287 ☐ Part 289 ☐ Part 291 ☐ Part 293 ☐ Part 295 ☐ Part 297 ☐ Part 299 ☐ Part 301 ☐ Part 303 ☐ Part 305 ☐ Part 307 ☐ Part 309 ☐ Part 311 ☐ Part 313 ☐ Part 315 ☐ Part 317 ☐ Part 319 ☐ Part 321 ☐ Part 323 ☐ Part 325 ☐ Part 327 ☐ Part 329 ☐ Part 331 ☐ Part 333 ☐ Part 335 ☐ Part 337 ☐ Part 339 ☐ Part 341 ☐ Part 343 ☐ Part 345 ☐ Part 347 ☐ Part 349 ☐ Part 351 ☐ Part 353 ☐ Part 355 ☐ Part 357 ☐ Part 359 ☐ Part 361 ☐ Part 363 ☐ Part 365 ☐ Part 367 ☐ Part 369 ☐ Part 371 ☐ Part 373 ☐ Part 375 ☐ Part 377 ☐ Part 379 ☐ Part 381 ☐ Part 383 ☐ Part 385 ☐ Part 387 ☐ Part 389 ☐ Part 391 ☐ Part 393 ☐ Part 395 ☐ Part 397 ☐ Part 399 ☐ Part 401 ☐ Part 403 ☐ Part 405 ☐ Part 407 ☐ Part 409 ☐ Part 411 ☐ Part 413 ☐ Part 415 ☐ Part 417 ☐ Part 419 ☐ Part 421 ☐ Part 423 ☐ Part 425 ☐ Part 427 ☐ Part 429 ☐ Part 431 ☐ Part 433 ☐ Part 435 ☐ Part 437 ☐ Part 439 ☐ Part 441 ☐ Part 443 ☐ Part 445 ☐ Part 447 ☐ Part 449 ☐ Part 451 ☐ Part 453 ☐ Part 455 ☐ Part 457 ☐ Part 459 ☐ Part 461 ☐ Part 463 ☐ Part 465 ☐ Part 467 ☐ Part 469 ☐ Part 471 ☐ Part 473 ☐ Part 475 ☐ Part 477 ☐ Part 479 ☐ Part 481 ☐ Part 483 ☐ Part 485 ☐ Part 487 ☐ Part 489 ☐ Part 491 ☐ Part 493 ☐ Part 495 ☐ Part 497 ☐ Part 499 ☐ Part 501 ☐ Part 503 ☐ Part 505 ☐ Part 507 ☐ Part 509 ☐ Part 511 ☐ Part 513 ☐ Part 515 ☐ Part 517 ☐ Part 519 ☐ Part 521 ☐ Part 523 ☐ Part 525 ☐ Part 527 ☐ Part 529 ☐ Part 531 ☐ Part 533 ☐ Part 535 ☐ Part 537 ☐ Part 539 ☐ Part 541 ☐ Part 543 ☐ Part 545 ☐ Part 547 ☐ Part 549 ☐ Part 551 ☐ Part 553 ☐ Part 555 ☐ Part 557 ☐ Part 559 ☐ Part 561 ☐ Part 563 ☐ Part 565 ☐ Part 567 ☐ Part 569 ☐ Part 571 ☐ Part 573 ☐ Part 575 ☐ Part 577 ☐ Part 579 ☐ Part 581 ☐ Part 583 ☐ Part 585 ☐ Part 587 ☐ Part 589 ☐ Part 591 ☐ Part 593 ☐ Part 595 ☐ Part 597 ☐ Part 599 ☐ Part 601 ☐ Part 603 ☐ Part 605 ☐ Part 607 ☐ Part 609 ☐ Part 611 ☐ Part 613 ☐ Part 615 ☐ Part 617 ☐ Part 619 ☐ Part 621 ☐ Part 623 ☐ Part 625 ☐ Part 627 ☐ Part 629 ☐ Part 631 ☐ Part 633 ☐ Part 635 ☐ Part 637 ☐ Part 639 ☐ Part 641 ☐ Part 643 ☐ Part 645 ☐ Part 647 ☐ Part 649 ☐ Part 651 ☐ Part 653 ☐ Part 655 ☐ Part 657 ☐ Part 659 ☐ Part 661 ☐ Part 663 ☐ Part 665 ☐ Part 667 ☐ Part 669 ☐ Part 671 ☐ Part 673 ☐ Part 675 ☐ Part 677 ☐ Part 679 ☐ Part 681 ☐ Part 683 ☐ Part 685 ☐ Part 687 ☐ Part 689 ☐ Part 691 ☐ Part 693 ☐ Part 695 ☐ Part 697 ☐ Part 699 ☐ Part 701 ☐ Part 703 ☐ Part 705 ☐ Part 707 ☐ Part 709 ☐ Part 711 ☐ Part 713 ☐ Part 715 ☐ Part 717 ☐ Part 719 ☐ Part 721 ☐ Part 723 ☐ Part 725 ☐ Part 727 ☐ Part 729 ☐ Part 731 ☐ Part 733 ☐ Part 735 ☐ Part 737 ☐ Part 739 ☐ Part 741 ☐ Part 743		

☒ None ☐ OFAR 91 ☐ OFAR 129 ☐ OFAR 415 ☐ Scheduled or Commuter ☐ Domestic

☐ None	☐ FAR 101	☐ FAR 102	☐ FAR 103	☐ FAR 104	☐ Scheduled or Commuter	☐ International
☐ Flag Carrier Operating Certificate (FAR 121)	☐ FAR 105	☐ FAR 106	☐ FAR 107	☐ FAR 108	☐ Non-Scheduled or Air Taxi	☐ International

- | | | |
|--|--|---|
| ☐ 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)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation
☐ Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft | ☐ FAR 121 ☐ FAR 135 ☐ FAR 435
☐ FAR 125 ☐ FAR 137 ☐ FAR 437

☐ FAR 91 Special Flight ☐
☐ Non-US, Commercial ☐
☐ Non-US, Non-commercial

☐ Public Aircraft (Select one)
☐ Armed Forces
☐ Federal
☐ State
☐ Local
☐ Unknown | ☐ Passenger
☐ Cargo
☐ Mail Contract Only |
| Purpose of Flight for FAR 91, 103, 133, 137
(Select one) | | ☐ Aerial Application ☐ 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 ☐ Stunting |

(Check all that apply)	(Select one for each group)
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- | | | |
|--|---|--|
| ☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135) | ☐ FAR 91 Special Flight
☐ Non-US, Commercial
☐ Non-US, Non-commercial | ☐ Passenger
☐ Cargo
☐ Mail Contract Only |
|--|---|--|

(Check all that apply)

☐ None ☐ FAR 91 ☐ FAR 129 ☐ FAR 415 ☐ Scheduled or Commuter ☐ Domestic

- | | | | | | |
|---|--|----------------------------------|----------------------------------|---|-------------------------------------|
| ☐ Flag Carrier Operating Certificate (FAR 121) | ☐ FAR 103 | ☐ FAR 133 | ☐ FAR 431 | ☐ Non-Scheduled or Air Taxi | ☐ International |
| ☐ Supplemental | ☐ FAR 121 | ☐ FAR 135 | ☐ FAR 435 | | |
| ☐ Air Cargo | ☐ FAR 125 | ☐ FAR 137 | ☐ FAR 437 | | |
| ☐ Foreign Air Carriers (FAR 129) | | | | ☐ Passenger | |
| ☐ Rotorcraft External Load (FAR 133) | ☐ FAR 91 Special Flight | ☐ | | ☐ Cargo | |
| ☐ Commuter Air Carrier (FAR 135) | ☐ Non-US, Commercial | ☐ | | ☐ Mail Contract Only | |
| ☐ On-Demand Air Taxi (FAR 135) | ☐ Non-US, Non-commercial | | | | |

☐ Agricultural Aircraft (FAR 137) ☐ Public Aircraft (Select one) ☐ (Select one)
☐ Pilot School (FAR 141) ☐ Armed Forces

☐ Certificate of Authorization or Waiver (COA) ☐ Armed Forces ☐ Aerial Application ☐ Firefighting ☐ Unknown
☐ Federal ☐ Aerial Application ☐ Flight Test

- | | | | |
|---|---|--|--|
| ☐ Commercial Space Transportation
☐ Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft | ☐ State
☐ Local
☐ Unknown | ☐ Aerial Observation
☐ Air Drop
☐ Air Race/Show
☐ Banner Tow
☐ Business
☐ Executive/Corporate
☐ External Load
☐ Ferry | ☐ Flight Test
☐ Glider Tow
☐ Instructional
☐ Other Work Use
☐ Personal
☐ Positioning
☐ Skydiving |
| Revenue Sightseeing Flight
☐ Yes ☐ No | Air Medical Flight
☐ Yes ☐ No | | |

☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
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AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
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AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

[illegible]

Airport Identifier: KMER	Direction From Airport:	degrees true
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Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A Airport Elevation: 190MSL13/31 ft. msl[illegible]

Airport Identifier: KMER	Direction From Airport:	degrees true
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Proximity to Airport: ☐ Off Airport/Airstrip ☒ On Airport/Airstrip ☐ N/A Airport Elevation: 190MSL13/31 ft. msl

1. <u>Identify the main idea of the passage.</u>	2. <u>Identify the main idea of the passage.</u>
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Runway ID: 13/31	(L/R/C)	Length: 11802	ft	Width: 150	ft	☒ Dry	☐ Snow-Compacted	☐ Water-Calm
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Runway/Landing Surface (Check all that apply)	☐ Holes	☐ Snow-Crusted	☐ Water-Choppy
	☐ Ice Covered	☐ Snow-Dry	☐ Water-Glassy

☐ Asphalt
 ☐ Grass/Turf
 ☐ Macadam
 ☐ Water
 ☐ Rough
 ☐ Snow-Wet
 ☐ Wet

- | | | | | |
|--|---------------------------------|--------------------------------------|--|-------------------------------------|
| ☒ Concrete | ☐ Gravel | ☐ Metal/ Wood | ☐ Rubber Deposits | ☐ Soft |
| ☐ Dirt | ☐ Ice | ☐ Snow | ☐ Slush-Covered | ☐ Vegetation |
| ☐ | | ☐ Unknown | ☐ | ☐ Unknown |

Runway ID: 13/31	(L/R/C) Length: 11802	ft Width: 150	ft	☒ Dry	☐ Snow-Compacted	☐ Water-Calm
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- | Runway/Landing Surface (Check all that apply) | | | | Other Surface Conditions | |
|---|-------------------------------------|-------------------------------------|----------------------------------|--|---------------------------------------|
| ☐ Asphalt | ☐ Grass/Turf | ☐ Macadam | ☐ Water | ☐ Holes | ☐ Snow-Crusted |
| ☒ Concrete | ☐ Gravel | ☐ Metal/Wood | ☐ Unknown | ☐ Ice Covered | ☐ Snow-Dry |
| ☐ Dirt | ☐ Ice | ☐ Snow | | ☐ Rough | ☐ Snow-Wet |
| ☐ | | | | ☐ Rubber Deposits | ☐ Soft |
| | | | | ☐ Slush-Covered | ☐ Vegetation |
| | | | | | ☐ Unknown |
| | | | | | ☐ Water-Choppy |
| | | | | | ☐ Water-Glassy |
| | | | | | ☐ Wet |

☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach

- | | | | | |
|-------------------------------------|---|--|---------------------------------|---|
| ☐ Takeoff | ☐ IFR Departure Procedure/Clearance | ☒ Landing | ☐ Base | ☐ Go Around |
| ☐ Initial Climb | | | ☐ Final | ☐ A orded Landing (after touchdown) |
| | | | ☐ Crosswind | ☐ Unknown |

None

- | | | | | | |
|-----------------------------------|--|-----------------------------------|-----------------------------------|---|---|
| ☐ ADF/NDB | ☐ PAR | ☐ MLS | ☐ Practice | ☐ Traffic Pattern | ☐ Stop and Go |
| ☐ SDF | ☐ Sidestep | ☐ LDA | ☐ GPS | ☐ Straight-In | ☐ Touch and Go |
| ☐ VOR/TVOR | ☐ ILS | ☐ ASR | ☐ | ☐ Valley/Terrain Following | ☐ Simulated Forced Landing |
| ☐ VOR/DME | ☐ Localizer Only | ☐ Visual | | ☐ Go Around | ☐ Forced Landing |
| ☐ TACAN | ☐ LOC-back course | ☐ Contact | | ☐ Full Stop | ☐ Precautionary Landing |
| ☐ | ☐ RNAV | ☐ Circling | | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ Unknown | ☐ | ☐ Unknown |

None

- | | | | | | |
|-----------------------------------|--|-----------------------------------|-----------------------------------|---|---|
| ☐ ADF/NDB | ☐ PAR | ☐ MLS | ☐ Practice | ☐ Traffic Pattern | ☐ Stop and Go |
| ☐ SDF | ☐ Sidestep | ☐ LDA | ☐ GPS | ☐ Straight-In | ☐ Touch and Go |
| ☐ VOR/TVOR | ☐ ILS | ☐ ASR | ☐ | ☐ Valley/Terrain Following | ☐ Simulated Forced Landing |
| ☐ VOR/DME | ☐ Localizer Only | ☐ Visual | | ☐ Go Around | ☐ Forced Landing |
| ☐ TACAN | ☐ LOC-back course | ☐ Contact | | ☐ Full Stop | ☐ Precautionary Landing |
| ☐ | ☐ RNAV | ☐ Circling | | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ Unknown | ☐ | ☐ Unknown |

iFLIGHT CREWMEMBER 2i INFORMATION

iFlight Crewmember 2i Responsibilities at the Time of Accident/Incident

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

iFlight Crewmember 2i was pilot flying ☐ Yes ☐ No

iFlight Crewmember 2i 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 ☐ Unknown ☐ 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 ☐ Unknown ☐ With limitations/waivers ☐ N/A ☐ Special Issuance	Date of Last Medical _____ mm/dd/yyyy

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 ☐ Instrument Airplane ☐ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
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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										

iFLIGHT CREWMEMBER 1i INFORMATION

iFlight Crewmember 1i Responsibilities at the Time of Accident/Incident

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

iFlight Crewmember 1i was pilot flying ☒ Yes ☐ No

iFlight Crewmember 1i Identification

First Name: GUY

City of Residence: HUNTINGTON BEACH

Middle Initial: C

State: CA

ZIP: 92648

Last Name: THIEL

Country: USA

Age at time of Accident/Incident: 73

Date of Birth

mm/dd/yyyy

Certificate Number:

Degree of Injury

☒ None ☐ Fatal
☐ Minor ☐ Unknown
☐ Serious

Seat Occupied

☒ Left ☐ Front ☐ Unknown
☐ 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 ☐ Unknown
☒ With limitations/waivers ☐ N/A
 Special Issuance

Date of Last Medical

05/05/2017
 mm/dd/yyyy

Medical Certificate Limitations

MUST WEAR CORRECTIVE LENSES

NOT VALID FOR ANY CLASS AFTER 05/31.2018

Medical Certificate Special Issuance

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

08/14/2017

mm/dd/yyyy

Flight Review Aircraft

Make: CESSNA

Model: 182T

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

A-320 B-787 B707, 720 B-777 DC-9 ERJ-170/190 MD-11 G-IV

IN ADDITION MORE 180 DIFERENT AIRCRAFT TYPES

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	9650	0.8	2500	7150	500	550	856	50	200	
Pilot in Command (PIC)	7500	0.8	2000	5500	500	550	856	40	190	
Time as Instructor	3850		100	3750	400	100	200			
This Make/Model										
Last 90 Days	6.3		1.8	2.7						
Last 30 Days	6.3		2.6	2.6						
Last 24 Hours	0.8		0.8							

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)						
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			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	
Type Rating/Endorsement for Accident/Incident Aircraft? ☐ Yes ☐ No			Total Flight Time at the Time of this Accident/Incident: _____ hrs			
Crew Name and Address			Seat Occupied		Injury	
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____			☐ Left ☐ Front ☐ Center ☐ Rear ☐ Right ☐ Single ☐ Unknown		☐ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown	
Pilot Certificate(s) (Check all that apply) ☐ None ☐ Flight Instructor ☐ Commercial ☐ US Military ☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer			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	
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 cabin crew; continue on separate sheet if necessary)						
Name and Address		Seat	Injury	Restraint Type		Inflatable Restraints
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ 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
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ 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
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ 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
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ ☐ Crew ☐ Passenger ☐ Other		☐ Left ☐ Center ☐ Right ☐ Unknown Row: _____	☐ 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

FLIGHT ITINERARY INFORMATION				
Last Departure Point Airport ID: <u>KMER</u> City: <u>MERCED</u> State: <u>CA</u> Country: <u>USA</u>		Time of Departure Time: <u>1405 L</u> Time Zone: <u>PST</u>		Destination Airport ID: <u>KMER</u> City: <u>MERCED</u> State: <u>CA</u> Country: <u>USA</u>
Type Flight Plan Filed ☐ None ☒ Company VFR ☐ Military VFR ☐ VFR ☐ VFR/IFR ☐ IFR ☐ Unknown Activated? ☐ Yes ☐ No ☐ Unknown				
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 G ☐ Military Operations Area (MOA) ☐ Special ☐ Class B ☐ Demo Area ☐ Airport Advisory Area ☐ Air Traffic Control Area ☐ Class C ☐ Warning Area ☐ Jet Training Area ☐ Unknown ☐ Class D ☐ Prohibited Area ☐ TRSA ☐ FAR 93 ☐ Class E ☐ Restricted Area				Altitude of In-Flight Occurrence: 1400 _____ ft msl
WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE				
Source of Pilot Weather Information (Check all that apply) ☐ National Weather Service ☐ Company ATIS ☐ Flight Service Station ☐ Military ☐ TV/Radio ☐ Internet ☐ Automated Report ☐ None ☐ Commercial Weather Service (DUATS) ☐ Unknown ☐ On-Board Weather			Weather Observation Facility Facility ID: <u>KMER</u> Observation Time: <u>1200</u> Time Zone: <u>PDT</u> Distance from Accident Site: <u>4</u> nm Direction from Accident Site: <u>EAST</u> degrees true	
Basic Conditions ☒ VMC ☐ IMC ☐ Unknown		Light Condition ☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☐ Day ☐ Night ☐ Bright Night		
Sky/Lowest Cloud Condition ☐ Clear ☐ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered		Ceiling ☐ None (Clear) ☐ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown		
Lowest Cloud Condition Height _____ ft agl		Ceiling Height _____ ft agl		
Wind Direction ☐ Variable -or- Direction: _____ degrees true		Wind Speed ☐ Calm ☐ Light and Variable -or- Speed: _____ kts		
Wind Gusts ☐ Not Gusting -or- Speed: _____ kts		Visibility <u>20</u> miles RVR: _____ feet RVV: _____ miles		
Intensity of Precipitation ☐ Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown		Type of Precipitation (Check all that apply) ☐ None ☐ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals		
Restriction to Visibility (Check all that apply) ☐ None ☐ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown		Density Altitude: _____ ft		
Icing Forecast Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		Icing Actual Amount ☒ None ☐ Trace ☐ Light ☐ Moderate ☐ Severe ☐ Unknown Type ☐ N/A ☐ Rime ☐ Clear ☐ Mixed ☐ Unknown		
Turbulence Type (Check all that apply) ☐ None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence Severity ☐ Light ☐ Moderate ☐ Severe ☐ 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 ☐ Substantial
☒ Minor ☐ Destroyed
 ☐ Unknown

Aircraft Fire

- ☒ None ☐ Both Ground and In-Flight
☐ In-Flight ☐ Fire at Unknown Time
☐ On-Ground ☐ Unknown

Aircraft Explosion

- ☒ None Both Ground and In-Flight
☐ In-Flight Explosion at Unknown Time
☐ On-Ground Unknown

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

The left landing gear collapsed and right wheel came off. The propeller was bent, The bottom of the aircraft was scraped.

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

THIS WAS MY FIRST FLIGHT OF THE AIRCRAFT, BUT IT WAS THE IT'S 4TH FLIGHT. I CONDUCTED RESEARTCH AND HAD LONG DISCUSSIONS WITH FELLOW TEST PILOTS OF HOW TO CONDUCT A FIRST FLIGHT AND BUILD MY FLIGHT CARDS.

DAVE, THE DESIGNER AND OWNER OF THE AIRCRAFT, CONDUCTED THE PREFLIGHT. I FOLLOWING ALONG WITH HIM. EVERTHING WAS NORMAL.

I CLIMBED IN THE A/C, AND WE STARTED CONDUCTING THE WEIGHT AND BALANCE FOR FLIGHT. WE ADDED EXTRA GAS FOR A LONGER FLIGHT AND FOUND THAT THE CG WAS A LITTLE AFT, WHICH WE DECIDED NEEDED TO BE MID FORWARD. THIS CAUSED THE GROUND CREW TO ADD ADDITIONAL BALLAST TO BRING THE CG FORWARD. (THERE MEASUREMENTS WILL BE PROVIDED).

WE STARTED THE ENGINE AND TAXIED OUT. THE TESTING BEGAN WITH TWO RUNS DOWN THE RUNWAY: FIRST TO CHECK ROTATION WITH A SMALL AIRBORNE PHASE, THE SECOND WOULD BE A TAKEOFF TO A HIGHER ALTITUDE WITH THE THROTTLES REDUCE BEFORE LIFT OFF. ON BOTH ATTEMPTS, WITH FULL BACH PRESSURE, THE A/C WOULD NOT ROTATE. I TAXIED BACK TO THE TEAM PARKING AREA, WHERE WE DECIDED TO TRY IT AGAIN WITH 2 MORE DEGREES OF TRIM.

NORMAL TAKEOFF RUN, GOOD RUDDER CONTROL AND AILERON CONTROL

NEAR FULL AFT STICK WAS USED TO ROTATE THE NOSWHEEL OFF THE RUNWAY. AFTER 50 FT, THE AIRCRAFT STARTED BUFFECTING AROUND ALL AXIS. (IT LOOKED AND FELT LIKE THE A/C WAS OUT OF CONTROL.

THE AILERONS WERE RESPONDING VERY SPORATICCKLY; THE PITCH ATITUDE WAS ALSO HARD TO CONTOL. I WAS ABLE TO A START A CLIMB UP TO 1400 FT AND CIRCLED AROUND ON A WIDE DOWN WIND TO TRY TO FIGURE OUT WHAT WAS GOING ON. THE PITCH ATITUDE WOULD BE STABLE MOST OF THE TIME, BUT LARGE MOVEMENTS WERE INTERMITTENT UP AND DOWN. MY OBJECTIVE WAS TO GET CONTROL OF THE A/C AND LAND ASAP.

AFTER 20 MONUTES OF MOVING THE AIRCRAFT CONTROLS AROUND, AND CLIMBING AND DESENDING AND USING APPRPRIATE TRIM, I FOUND A POINT WHERE THE AIRCRAFT WAS REASONABLY CONTROLABLE I FOUND THAT THE RUDDERS WERE EFFECTIVE AND ADDED ENOUGH LATERAL CONTROL, SO THERE WAS NO REASON TO USE THE AILERONS FOR ROLL CONTROL. AS SPEED WAS INCREASED, THE PITCH CONTROL BECAME EASIER. I THOUGHT THAT I COULD LAND THE AIRCRAFT WITH INCREASED SPEED USING ONLY RUDDER AND STEADY THRUST CONTROL.

ONCE I TURNED FINAL EVERTHING WAS WORKING OUT PERFECTLY, UP UNTIL ABOUT 50 FEET. AT THAT POINT THE SINK RATE INCREASED AND A FIRM TOUCHDOWN WAS MADE (I WAS SURPRISED}. I DIDN'T THINK IT WAS A HARD LANDING BECAUSE NO BOUNCE OCCURRED. HOWEVER, THE LEFT LANDING GEAR COLLAPSED AND THE AIRCRAFT ROTATED AROUND ABOUT 180 DEGREES TO THE RIGHT AND CAME TO A STOP. I SHUT DOWN THE ENGINE AND FULLED THE FUEL CONTROL CABLE.

I SUSTAINED NO INJURIES, NOT EVEN A BUMP.

I SUSTAINED NO INJURIES, NOT EVEN A BUMP.

ENGINE AND FULL THE FUEL CONTROL CABLE.

AIRCRAFT ROTATED AROUND ABOUT 180 DEGREES TO THE RIGHT AND CAME TO A STOP. I SHUT DOWN THE HARD LANDING BECAUSE NO BOUNCE OCCURRED. HOWEVER, THE LEFT LANDING GEAR COLLAPSED AND THE SINK RATE INCREASED AND A FIRM TOUCHDOWN WAS MADE (I WAS SURPRISED). I DIDN'T THINK IT WAS A ONCE I TURNED FINAL EVERYTHING WAS WORKING OUT PERFECTLY, UP UNTIL ABOUT 50 FEET. AT THAT POINT

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STEPS BEING TAKEN TO MONITOR THE AIRCRAFT'S CONTROL AROUND, AND CLIMBING AND DESCENDING AND

LAND ASAP.

MOVEMENTS WERE INTERMITTENT UP AND DOWN. MY OBJECTIVE WAS TO GET CONTROL OF THE A/C AND FIGURE OUT WHAT WAS GOING ON. THE PITCH ATTITUDE WOULD BE STABLE MOST OF THE TIME, BUT LARGE WAS ABLE TO START A CLIMB UP TO 1400 FT AND CIRCLED AROUND ON A WIDE DOWN WIND TO TRY TO THE ALERONS WERE RESPONDING VERY SPORADICALLY; THE PITCH ATTITUDE WAS ALSO HARD TO CONTROL. I

STARTED BUZZING AROUND ALL AXIS. (IT LOOKED AND FELT LIKE THE A/C WAS OUT OF CONTROL.

NEAR FULL AFT STICK WAS USED TO ROTATE THE NOSE WHEEL OFF THE RUNWAY. AFTER 50 FT, THE AIRCRAFT

NORMAL TAKEOFF RUN, GOOD RUDDER CONTROL AND ALERON CONTROL.

AGAIN WITH 2 MORE DEGREES OF TRIM.

THE A/C WOULD NOT ROTATE. I TAXIED BACK TO THE TEAM PARKING AREA, WHERE WE DECIDED TO TRY IT ALTITUDE WITH THE THROTTLES REDUCE BEFORE LIFT OFF. ON BOTH ATTEMPTS WITH FULL BACK PRESSURE TO CHECK ROTATION WITH A SMALL AIRBORNE PHASE, THE SECOND WOULD BE A TAKEOFF TO A HIGHER WE STARTED THE ENGINE AND TAXIED OUT. THE TESTING BEGAN WITH TWO RUNS DOWN THE RUNWAY. FIRST

FORWARD. (THERE MEASUREMENTS WILL BE PROVIDED).

TO BE MID FORWARD. THIS CAUSED THE GROUND CREW TO ADD ADDITIONAL BALLAST TO BRING THE CG EXTRA GAS FOR A LONGER FLIGHT AND FOUND THAT THE CG WAS A LITTLE AFT, WHICH WE DECIDED NEEDED I CLIMBED IN THE A/C, AND WE STARTED CONDUCTING THE WEIGHT AND BALANCE FOR FLIGHT. WE ADDED

HIM. EVERYTHING WAS NORMAL.

DAVE, THE DESIGNER AND OWNER OF THE AIRCRAFT, CONDUCTED THE PREFLIGHT. I FOLLOWING ALONG WITH

FLIGHT CARDS.

HAD LONG DISCUSSIONS WITH FELLOW TEST PILOTS OF HOW TO CONDUCT A FIRST FLIGHT AND BUILD MY THIS WAS MY FIRST FLIGHT OF THE AIRCRAFT, BUT IT WAS THE 4TH FLIGHT I CONDUCTED RESEARCH AND

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

scrapped.

The left landing gear collapsed and right wheel came off. The propeller was bent. The bottom of the aircraft was

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

Aircraft Damage
☐ None
☐ Minor
☐ Substantial
☐ Destroyed
☐ Unknown

Aircraft Fire
☐ None
☐ In-Flight
☐ On-Ground

Aircraft Fire
☐ Both Ground and In-Flight
☐ Fire at Unknown Time
☐ Unknown

Aircraft Explosion
☐ None
☐ In-Flight
☐ On-Ground

Aircraft Explosion
☐ Both Ground and In-Flight
☐ Explosion at Unknown Time
☐ Unknown

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

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

Operator/Owner Safety Recommendation

Use this space if additional space is needed for any answers.

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.)

**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)

_____ Gallons

Fuel Type☐ 80/87☐ 115/145☐ Jet B☐ Other, specify _____☐ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive**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**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☐ Substantial☐ Minor☐ None**Registered Owner of Other Aircraft**

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

Pilot of Other Aircraft

Name: _____

City: _____

State: _____

Country: _____

ZIP: _____

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
09/18/2017
mm/dd/yyyy

Name of Pilot/Operator: GUY C THIEL

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	
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NTSB Accident/Incident No. WPR17LA201	Reviewed by NTSB Regional Office WPR	Name of Investigator Zoë Keliher	Date Report Received 09/19/17
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