

Please see Charles Lapmardo's report.

| <b>NATIONAL TRANSPORTATION SAFETY BOARD</b><br><b>PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT</b><br><b>This form to be used for reporting civil and public aircraft accidents and incidents</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>BASIC INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Accident/Incident Location</b><br>Nearest City/Place: _____ State: _____<br>ZIP: _____ Country: _____<br>Latitude: _____ Longitude: _____<br><i>(Enter in decimal degrees or degrees:minutes:seconds)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              | <b>Accident/Incident Date/Time</b><br>Date: _____ mm/dd/yyyy Local Time: _____<br>Time Zone: _____<br>Collision with Other Aircraft: <input type="radio"/> Midair <input type="radio"/> On-ground <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>AIRCRAFT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Registration Number:</b> _____<br><b>Manufacturer:</b> _____<br><b>Model:</b> _____<br><b>Serial Number:</b> _____<br><b>Year of Manufacture:</b> _____<br><b>Amateur-Built:</b> <input type="radio"/> Yes <input type="radio"/> No <i>If Yes:</i> <input type="radio"/> Kit/Plans <input type="radio"/> Original Design Make: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              | <input type="checkbox"/> IFR-Equipped and Certified<br><input type="checkbox"/> Commercial Space Flight<br><input type="checkbox"/> Unmanned Aircraft<br><b>Maximum Gross Weight:</b> _____ lbs<br><b>Weight at Time of Accident/Incident:</b> _____ lbs<br><b>Number of Seats:</b> _____ <b>Flight Crew Seats:</b> _____<br><b>Cabin Crew Seats:</b> _____ <b>Passenger Seats:</b> _____<br><b>Number of Engines:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Category of Aircraft</b><br><input type="radio"/> Airplane<br><input type="radio"/> Balloon<br><input type="radio"/> Blimp/Dirigible<br><input type="radio"/> Glider<br><input type="radio"/> Gyroplane<br><input type="radio"/> Helicopter<br><input type="radio"/> Powered Lift<br><input type="radio"/> Rocket<br><input type="radio"/> Ultralight<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                            | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <b>Standard</b><br/> <input type="checkbox"/> Normal<br/> <input type="checkbox"/> Aerobatic<br/> <input type="checkbox"/> Balloon<br/> <input type="checkbox"/> Commuter<br/> <input type="checkbox"/> Transport<br/> <input type="checkbox"/> Utility               </td> <td style="vertical-align: top;"> <b>Special</b><br/> <input type="checkbox"/> Restricted<br/> <input type="checkbox"/> Limited<br/> <input type="checkbox"/> Provisional<br/> <input type="checkbox"/> Special Flight<br/> <input type="checkbox"/> Experimental<br/> <input type="checkbox"/> Special Light-Sport<br/> <input type="checkbox"/> Experimental Light-Sport               </td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> None <input type="checkbox"/> Unknown |                              | <b>Standard</b><br><input type="checkbox"/> Normal<br><input type="checkbox"/> Aerobatic<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Commuter<br><input type="checkbox"/> Transport<br><input type="checkbox"/> Utility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Light-Sport<br><input type="checkbox"/> Experimental Light-Sport | <b>Landing Gear</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> Retractable<br><input type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel<br><input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid<br><input type="checkbox"/> Float <input type="checkbox"/> Ski<br><input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel<br><input type="checkbox"/> Other Launch/Recovery System<br><input type="checkbox"/> None <input type="checkbox"/> Unknown |                                                       | <b>Engine Type (Select one)</b><br><input type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket<br><input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket<br><input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket<br><input type="radio"/> Turbo Jet <input type="radio"/> None<br><input type="radio"/> Turbo Fan <input type="radio"/> Unknown<br><input type="radio"/> Electric<br><b>Fuel System Type (Reciprocating)</b><br><input type="radio"/> Carburetor <input type="radio"/> Fuel-Injected |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Standard</b><br><input type="checkbox"/> Normal<br><input type="checkbox"/> Aerobatic<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Commuter<br><input type="checkbox"/> Transport<br><input type="checkbox"/> Utility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Special</b><br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Limited<br><input type="checkbox"/> Provisional<br><input type="checkbox"/> Special Flight<br><input type="checkbox"/> Experimental<br><input type="checkbox"/> Special Light-Sport<br><input type="checkbox"/> Experimental Light-Sport |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Engine</th> <th style="width: 20%;">Engine Manufacturer</th> <th style="width: 20%;">Engine Model/Series</th> <th style="width: 20%;">Manufacturer's Serial Number</th> <th style="width: 10%;">Date of Mfg.<br/>mm/dd/yyyy</th> <th style="width: 10%;">Rated Power<br/><input type="radio"/> Horsepower or<br/><input type="radio"/> lbs of Thrust</th> <th style="width: 10%;">Total Time<br/>(hours)</th> <th style="width: 10%;">Time Since:<br/>Inspection (hours)<br/>Overhaul (hours)</th> </tr> </thead> <tbody> <tr><td>Eng. 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Eng. 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Eng. 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Eng. 4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> | Engine                                                                                                                                                                                                                                                                                                                     | Engine Manufacturer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Engine Model/Series          | Manufacturer's Serial Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date of Mfg.<br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                 | Rated Power<br><input type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total Time<br>(hours)                                 | Time Since:<br>Inspection (hours)<br>Overhaul (hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Eng. 1 |  |  |  |  |  |  |  | Eng. 2 |  |  |  |  |  |  |  | Eng. 3 |  |  |  |  |  |  |  | Eng. 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Engine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Engine Manufacturer                                                                                                                                                                                                                                                                                                        | Engine Model/Series                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rated Power<br><input type="radio"/> Horsepower or<br><input type="radio"/> lbs of Thrust                                                                                                                                                                                                                                  | Total Time<br>(hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Time Since:<br>Inspection (hours)<br>Overhaul (hours) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eng. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eng. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eng. 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eng. 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Last Inspection Type</b><br><input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness<br><input type="radio"/> AAIP <input type="radio"/> Conditional Inspection<br><input type="radio"/> Annual <input type="radio"/> Unknown<br><b>Date Last Inspection:</b> _____ mm/dd/yyyy<br><b>Airframe Total Time:</b> _____ hrs<br>hours measured at <i>(Select one)</i><br><input type="radio"/> Last Inspection <input type="radio"/> Time of Accident/Incident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              | <b>Propeller 1</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable<br>Manufacturer: _____ Model: _____<br><b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable<br>Manufacturer: _____ Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Type of Maintenance Program (Select one)</b><br><input type="radio"/> Annual<br><input type="radio"/> Conditional (Amateur-built only)<br><input type="radio"/> Manufacturer's Inspection Program<br><input type="radio"/> Other Approved Inspection Program (AAIP)<br><input type="radio"/> Continuous Airworthiness<br>Other, specify: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              | <b>ELT Installed:</b> <input type="radio"/> Yes <input type="radio"/> No<br><i>If Yes:</i><br><b>ELT Manufacturer:</b> _____<br><b>Model or Part No.:</b> _____<br>TSO No.: <input type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz)<br><input type="radio"/> C126 (406 MHz)<br><b>Was ELT still mounted in aircraft?</b> <input type="radio"/> Yes <input type="radio"/> No<br><b>Was ELT still connected to antenna?</b> <input type="radio"/> Yes <input type="radio"/> No<br><b>Did ELT Activate?</b> <input type="radio"/> Yes <input type="radio"/> No<br><i>If activated:</i><br><b>Did ELT Aid in Locating Aircraft?</b> <input type="radio"/> Yes <input type="radio"/> No<br><i>If not activated:</i><br><b>Indicate Reason:</b> <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage<br><input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Description of Fire Extinguishing System</b><br><input type="radio"/> None<br><input type="radio"/> Specify: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              | <b>Additional Equipment (Check all that apply)</b><br><input type="checkbox"/> ADS-B<br><input type="checkbox"/> Airframe Parachute<br><input type="checkbox"/> Angle of Attack Indicator<br><input type="checkbox"/> Autopilot<br><input type="checkbox"/> Data Recorder<br><input type="checkbox"/> Electronic Flight Bag or Handheld Device<br><input type="checkbox"/> Electronic Multifunction Display<br><input type="checkbox"/> Electronic Primary Flight Display<br><input type="checkbox"/> Handheld GPS<br><input type="checkbox"/> Heads Up Display<br><input type="checkbox"/> Onboard Weather<br><input type="checkbox"/> Satellite Tracking Device<br><input type="checkbox"/> Stall Warning System<br><input type="checkbox"/> Video Recording Device<br><input type="checkbox"/> Other, Specify: _____                                                                                                         |                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please see Charles Lapmardo's report.

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
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| <b>Registered Aircraft Owner</b><br>Name: _____<br>Fractional Ownership Aircraft: <input type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner<br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Same Address as Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft                                                                                                                | <b>Regulation Flight Conducted Under</b><br><input type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415<br><input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431<br><input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435<br><input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437<br><br><input type="radio"/> FAR 91 Special Flight<br><input type="radio"/> Non-US, Commercial<br><input type="radio"/> Non-US, Non-commercial<br><br><input type="radio"/> Public Aircraft <i>(Select one)</i><br><input type="radio"/> Armed Forces<br><input type="radio"/> Federal<br><input type="radio"/> State<br><input type="radio"/> Local<br><input type="radio"/> Unknown | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Scheduled or Commuter<br/> <input type="radio"/> Non-Scheduled or Air Taxi               </div> <div> <input type="radio"/> Domestic<br/> <input type="radio"/> International               </div> </div><br><input type="radio"/> Passenger<br><input type="radio"/> Cargo<br><input type="radio"/> Mail Contract Only                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Air Medical Flight</b><br><input type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>AIRPORT INFORMATION</b> <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Airport Name: _____<br>Airport Identifier: _____<br>Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Distance From Airport Center: _____ sm<br>Direction From Airport: _____ degrees true<br>Airport Elevation: _____ ft. msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Runway Information</b><br>Runway ID: _____ (T/R/C) Length: _____ ft Width: _____ ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Dry<br/> <input type="checkbox"/> Holes<br/> <input type="checkbox"/> Ice Covered<br/> <input type="checkbox"/> Rough<br/> <input type="checkbox"/> Rubber Deposits<br/> <input type="checkbox"/> Slush-Covered               </div> <div style="width: 33%;"> <input type="checkbox"/> Snow-Compacted<br/> <input type="checkbox"/> Snow-Crusted<br/> <input type="checkbox"/> Snow-Dry<br/> <input type="checkbox"/> Snow-Wet<br/> <input type="checkbox"/> Soft<br/> <input type="checkbox"/> Vegetation               </div> <div style="width: 33%;"> <input type="checkbox"/> Water-Calm<br/> <input type="checkbox"/> Water-Choppy<br/> <input type="checkbox"/> Water-Glassy<br/> <input type="checkbox"/> Wet<br/> <input type="checkbox"/> Unknown               </div> </div> |  |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> Asphalt<br/> <input type="checkbox"/> Concrete<br/> <input type="checkbox"/> Dirt               </div> <div style="width: 25%;"> <input type="checkbox"/> Grass/Turf<br/> <input type="checkbox"/> Gravel<br/> <input type="checkbox"/> Ice               </div> <div style="width: 25%;"> <input type="checkbox"/> Macadam<br/> <input type="checkbox"/> Metal/Wood<br/> <input type="checkbox"/> Snow               </div> <div style="width: 25%;"> <input type="checkbox"/> Water<br/> <input type="checkbox"/> Unknown               </div> </div>                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Approach/Departure Segment</b> <i>(Select one)</i><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="radio"/> Taxi<br/> <input type="radio"/> Takeoff<br/> <input type="radio"/> Initial Climb               </div> <div style="width: 25%;"> <input type="radio"/> VFR Departure<br/> <input type="radio"/> IFR Departure Procedure/Clearance               </div> <div style="width: 25%;"> <input type="radio"/> On Instrument Approach<br/> <input type="radio"/> Landing               </div> <div style="width: 25%;"> <input type="radio"/> Downwind<br/> <input type="radio"/> Base<br/> <input type="radio"/> Final<br/> <input type="radio"/> Crosswind               </div> <div style="width: 25%;"> <input type="radio"/> Low Approach<br/> <input type="radio"/> Go Around<br/> <input type="radio"/> Aborted Landing (after touchdown)<br/> <input type="radio"/> Unknown               </div> </div>                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="checkbox"/> ADF/NDB<br/> <input type="checkbox"/> SDF<br/> <input type="checkbox"/> VOR/TVOR<br/> <input type="checkbox"/> VOR/DME<br/> <input type="checkbox"/> TACAN               </div> <div style="width: 25%;"> <input type="checkbox"/> PAR<br/> <input type="checkbox"/> Sidestep<br/> <input type="checkbox"/> U.S.<br/> <input type="checkbox"/> Localizer Only<br/> <input type="checkbox"/> LOC-back course<br/> <input type="checkbox"/> RNAV               </div> <div style="width: 25%;"> <input type="checkbox"/> MLS<br/> <input type="checkbox"/> LDA<br/> <input type="checkbox"/> ASR<br/> <input type="checkbox"/> Visual<br/> <input type="checkbox"/> Contact<br/> <input type="checkbox"/> Circling               </div> <div style="width: 25%;"> <input type="checkbox"/> Practice<br/> <input type="checkbox"/> GPS<br/> <input type="checkbox"/> Unknown               </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Traffic Pattern<br/> <input type="checkbox"/> Straight-In<br/> <input type="checkbox"/> Valley/Terrain Following<br/> <input type="checkbox"/> Go Around<br/> <input type="checkbox"/> Full Stop               </div> <div style="width: 50%;"> <input type="checkbox"/> Stop and Go<br/> <input type="checkbox"/> Touch and Go<br/> <input type="checkbox"/> Simulated Forced Landing<br/> <input type="checkbox"/> Forced Landing<br/> <input type="checkbox"/> Precautionary Landing<br/> <input type="checkbox"/> Unknown               </div> </div>                                                                                                                                                                                                                      |  |



### "Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

"Flight Crewmember 2" was pilot flying ☐ Yes ☐ No

### “Flight Crewmember 2” Identification

Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last Name: \_\_\_\_\_ Country: \_\_\_\_\_

Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy

Certificate Number:

| Degree of Injury                                                                                                                                     | Seat Occupied                                                                                                                                                                                               | Restraint Type                                                             | Inflatable Restraints                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|
| <input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious | <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single | Available    Used<br><input type="radio"/> None <input type="radio"/> None | <input type="checkbox"/> Not Installed |

|                                                                                                       |                                                                                                                       |                                                                                                                               |                                                                          |                                                                                                                                                                    |                                                                                                                                                                    |                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i>                                             |                                                                                                                       |                                                                                                                               |                                                                          | <input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="radio"/> Lap only<br><input type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <input type="checkbox"/> None<br><input type="checkbox"/> Private<br><input type="checkbox"/> Student | <input type="checkbox"/> Flight Instructor<br><input type="checkbox"/> Recreational<br><input type="checkbox"/> Sport | <input type="checkbox"/> Commercial<br><input type="checkbox"/> Airline Transport<br><input type="checkbox"/> Flight Engineer | <input type="checkbox"/> US Military<br><input type="checkbox"/> Foreign |                                                                                                                                                                    |                                                                                                                                                                    |                                                                                                                                                      |

|                                                                                             |                                                                                                                                                                                                                    |                                                                                                                                                                                                       |                                                                                                                                         |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Principal Occupation</b>                                                                 | <b>Medical Certificate</b>                                                                                                                                                                                         | <b>Medical Certificate Validity</b>                                                                                                                                                                   | <b>Date of Last Medical</b>                                                                                                             |
| <input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown | <input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input type="radio"/> Class 2 <input type="radio"/> Unknown | <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance | <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: right; font-family: cursive;">mm/dd/yyyy</div> |

### Medical Certificate Limitations

### Medical Certificate Special Issuance

|                                                                                                              |                                                                            |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b><br>_____<br><i>mm/dd/yyyy</i> | <b>Flight Review Aircraft</b><br><b>Make:</b> _____<br><b>Model:</b> _____ |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

| Airplane Rating(s)<br>(Check all that apply)                                                                                                                                                                        | Other Aircraft Rating(s)<br>(Check all that apply)                                                                                                                                                                                                             | Instrument Rating(s)<br>(Check all that apply)                                                                                                     | Instructor Rating(s)<br>(Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> None<br><input type="checkbox"/> Single-Engine Land<br><input type="checkbox"/> Single-Engine Sea<br><input type="checkbox"/> Multiengine Land<br><input type="checkbox"/> Multiengine Sea | <input type="checkbox"/> None<br><input type="checkbox"/> Airship<br><input type="checkbox"/> Balloon<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |

| Type Ratings | Student Endorsements <i>(include dates)</i> |
|--------------|---------------------------------------------|
|              |                                             |

[illegible]

**ADDITIONAL FLIGHT CREWMEMBERS** (Exclusive of cabin crew, complete the following information)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Injury</b>                                                                                                                                                                                                                  |
| First Name: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | City of Residence: _____ | <input type="radio"/> Left <input type="radio"/> Front                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> None                                                                                                                                                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State: _____ ZIP: _____  | <input type="radio"/> Center <input type="radio"/> Rear                                                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Minor                                                                                                                                                                                                    |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country: _____           | <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Serious                                                                                                                                                                                                  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                          | <b>Restraint Type:</b><br><b>Available</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                   |                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Injury</b>                                                                                                                                                                                                                  |
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         | City of Residence: _____ | <input type="radio"/> Left <input type="radio"/> Front                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> None                                                                                                                                                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State: _____ ZIP: _____  | <input type="radio"/> Center <input type="radio"/> Rear                                                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Minor                                                                                                                                                                                                    |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country: _____           | <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Serious                                                                                                                                                                                                  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                          | <b>Restraint Type:</b><br><b>Available</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                   |                          | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |

**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: <u>Ken</u> City: <u>Phoenix</u><br>Middle Initial: _____ State: <u>AZ</u> ZIP: _____<br>Last Name: <u>Kendall</u> Country: <u>USA</u><br><input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other | <input type="radio"/> Left<br><input type="radio"/> Center<br><input checked="" type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input checked="" type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                            | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                            | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                            | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____            | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown            | <b>Available</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <b>Used</b><br><input type="radio"/> None <input type="radio"/> None<br><input type="radio"/> Lap Only <input type="radio"/> Lap Only<br><input type="radio"/> 3-point <input type="radio"/> 3-point<br><input type="radio"/> 4-point <input type="radio"/> 4-point<br><input type="radio"/> 5-point <input type="radio"/> 5-point<br><input type="radio"/> Unknown <input type="radio"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KSDL</u><br>City: <u>Scottsdale</u><br>State: <u>AZ</u><br>Country: <u>USA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Time of Departure</b><br>Time: <u>10:30 a.m.</u><br>Time Zone: <u>Pacific</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Destination</b><br>Airport ID: <u>KHII</u><br>City: <u>Havasupai City</u><br>State: <u>AZ</u><br>Country: <u>USA</u>                                                                               | <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown                                                                                                                                       |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> None</div> <div style="width: 25%;"><input type="checkbox"/> Special VFR</div> <div style="width: 25%;"><input type="checkbox"/> Special IFR</div> <div style="width: 25%;"><input type="checkbox"/> VFR Flight Following</div> <div style="width: 25%;"><input type="checkbox"/> Cruise</div> <div style="width: 25%;"><input checked="" type="checkbox"/> VFR</div> <div style="width: 25%;"><input type="checkbox"/> IFR</div> <div style="width: 25%;"><input type="checkbox"/> VFR On Top</div> <div style="width: 25%;"><input type="checkbox"/> Traffic Advisory</div> <div style="width: 25%;"><input type="checkbox"/> Unknown / NA</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Class A</div> <div style="width: 25%;"><input type="checkbox"/> Class G</div> <div style="width: 25%;"><input type="checkbox"/> Military Operations Area (MOA)</div> <div style="width: 25%;"><input type="checkbox"/> Special</div> <div style="width: 25%;"><input type="checkbox"/> Class B</div> <div style="width: 25%;"><input type="checkbox"/> Demo Area</div> <div style="width: 25%;"><input type="checkbox"/> Airport Advisory Area</div> <div style="width: 25%;"><input type="checkbox"/> Air Traffic Control Area</div> <div style="width: 25%;"><input type="checkbox"/> Class C</div> <div style="width: 25%;"><input type="checkbox"/> Warning Area</div> <div style="width: 25%;"><input type="checkbox"/> Jet Training Area</div> <div style="width: 25%;"><input type="checkbox"/> Unknown</div> <div style="width: 25%;"><input type="checkbox"/> Class D</div> <div style="width: 25%;"><input type="checkbox"/> Prohibited Area</div> <div style="width: 25%;"><input type="checkbox"/> TRSA</div> <div style="width: 25%;"><input type="checkbox"/> Class E</div> <div style="width: 25%;"><input type="checkbox"/> Restricted Area</div> <div style="width: 25%;"><input type="checkbox"/> FAR 93</div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       | <b>Altitude of In-Flight Occurrence:</b><br><u>6000</u> ft msl                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input checked="" type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> On-Board Weather                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Weather Observation Facility</b><br>Facility ID: _____<br>Observation Time: _____<br>Time Zone: _____<br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration <input type="radio"/> Unknown<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                             | <b>Temperature:</b> _____ (C) or _____ (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> _____ in. Hg<br>or _____ MB                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Wind Direction</b><br><input checked="" type="checkbox"/> Variable<br>-or-<br>Direction: _____ degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Wind Speed</b><br><input checked="" type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts                                                                                                      | <b>Visibility</b> <u>50</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Type of Precipitation (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals |                                                                                                                                                                                                       | <b>Restriction to Visibility (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |
| <b>Icing Forecast</b><br>Amount      Type<br><input checked="" type="radio"/> None <input checked="" type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Icing Actual</b><br>Amount      Type<br><input checked="" type="radio"/> None <input checked="" type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown                                                                                                                                                                                              |                                                                                                                                                                                                       | <b>Turbulence</b><br>Type (Check all that apply)      Severity<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Light<br><input type="checkbox"/> Clear Air <input type="checkbox"/> Moderate<br><input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe<br><input type="checkbox"/> Convective Turbulence <input type="checkbox"/> Extreme                                                                                                                          |
| <b>NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Aircraft Damage</b><br><input type="radio"/> None <input type="radio"/> Substantial<br><input type="radio"/> Minor <input checked="" type="radio"/> Destroyed<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Aircraft Fire</b><br><input type="radio"/> None <input checked="" type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown | <b>Aircraft Explosion</b><br><input type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time<br><input checked="" type="radio"/> On-Ground <input type="radio"/> Unknown |  |
| <b>Description of Damage to Aircraft and Other Property</b> <i>(Use additional sheet if necessary)</i><br><div style="padding: 5px;">           Airplane and all of the contents were completely destroyed.         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |  |
| NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |  |
| <p>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 location, services obtained, and intended destination. Provide as much detail as possible.</p> <p>I departed KSDL at approximately 10:30 a.m. on 6/19/18 with the intended destination of KHII. Skies were clear and dry. No ice. No turbulence. We were cruising at 8,500 MSL. At approximately the half way point between Havasu and Wickenburg (E25) the oil temperature increased to the point that it would no longer register on the instrument. The oil pressure then dropped to between 14 and 16 PSI. It was at this point that the airplane began to shutter violently.</p> <p>At this point I began looking for the closest airport. The best/closest option was Wickenburg (E25). We were approximately 40 miles north of Wickenburg when I turned the plane around and headed towards Wickenburg. It was sometime after turning around that I put in the emergency squawk of 7700. The plane was acting very erratically, i.e., the RPM would increase to over 5,000 and then drop to almost non-existent. I was having a very difficult time maintaining power and our altitude. We made it approximately 20 miles towards Wickenburg and I was struggling to maintain an altitude of 6,500 MSL. It was at this point that I realized we weren't going to make it to Wickenburg due to the mountains that separated us from Wickenburg. We needed more than 6,500 feet to cross the mountain range. My only option at this point were to try to make it to Prescott, but that was about 60 to 70 miles away and we wouldn't make it. Or find a soft place over which to pull the parachute. There were no viable roads to land on. My only option was to head south to some farm lands and pull the parachute. We turned south and started heading over some hills. We almost crested the hills when the engine completely seized. I was at 80 knts on indicated air speed when we seized. Smoke started filling the cabin. There was oil all over the windshield. I immediately reached up and pulled the parachute, as we were about to stall. We landed about 5 seconds later in a ravine. During that 5 seconds as we went down, I went through the emergency shutdown procedures for the plane and secured the fire extinguisher.</p> <p>When we hit the ground, I immediately realized that I had broken my back. The plane was filling with smoke and we were on fire. I was able to open my door and as I was getting out of the plane, a "fire ball" blew through the cabin. My passenger was able to open his door. We both were able to exit the plane. We got as far away as possible from the plane. The plane blew up 10 or 15 seconds later. About 45 minutes to an hour later some local "miners" came to our aid and we were able to get to the hospital in Phoenix.</p> |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |  |

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

Operator/Owner Safety Recommendation

**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)

5 gallons above tabs both \_\_\_\_\_ 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

N/A

**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

Pilot exited the left door. Passenger exited the right door.

**OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)**

Aircraft Registration Number

N/A

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Damage to Other Aircraft

☐ Destroyed☐ Minor☐ Substantial☐ None

Registered Owner of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

ZIP: \_\_\_\_\_

Pilot of Other Aircraft

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

ZIP: \_\_\_\_\_



**AFFIDAVIT**

STATE OF ARIZONA       )  
                                          ) ss.  
County of Maricopa       )

I, Samuel P. Moeller, being duly sworn upon oath, depose and say:

1. My address is [REDACTED], Phoenix, AZ 85023.
2. My log book was destroyed in an airplane crash on 6/19/18.
3. At the time of the crash on 6/19/18, I had flown approximately 500 hours as Captain in Command of a Cirrus SR22 (Turbo).
4. In May of 2018, I completed my most recent flight review with Brian Fagerlund (C.F.I.) in the Cirrus SR22 (Turbo).

[REDACTED SIGNATURE]

Samuel P. Moeller

SUBSCRIBED AND SWORN TO before me this 6 day of July, 2018.

[REDACTED SIGNATURE]  
\_\_\_\_\_  
Notary Public

My Commission expires:

\_\_\_\_\_

