

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Lander State: WY

ZIP: 82520 Country: USA

Latitude: 42.707479 Longitude: -108.887443

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

### Accident/Incident Date/Time

Date: 06/07/2020 Local Time: ~8:30am  
mm/dd/yyyy

Time Zone: Mtn.

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

## AIRCRAFT INFORMATION

Registration Number: N595KE

Manufacturer: Pahls Herman

Model: KitFox 1

Serial Number: 190

Year of Manufacture: 1995

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

☐ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 950 lbs

Weight at Time of Accident/Incident: 870 lbs

Number of Seats: 2 Flight Crew Seats: 1

Cabin Crew Seats: 0 Passenger Seats: 1

Number of Engines: 1

### Category of Aircraft

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

### Type of Airworthiness Certificate

(Check all that apply)

#### Standard

- ☐ Normal  
☐ Aerobatic  
☐ Balloon  
☐ Commuter  
☐ Transport  
☐ Utility

#### Special

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

☐ Certificate of Authorization or Waiver (COA)  
☐ None ☐ Unknown

### Landing Gear

(Check all that apply)

☐ Retractable

- ☐ Tricycle ☒ Tailwheel  
☐ Amphibian ☐ High Skid  
☐ Emergency Float ☐ Skid  
☐ Float ☐ Ski  
☐ Hull ☐ Ski/Wheel

☐ Other Launch/Recovery System

☐ None ☐ Unknown

### Engine Type (Select one)

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

### Fuel System Type (Reciprocating)

☒ Carburetor ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Serial | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-------------------------|------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------|
| Eng 1  | <u>Rotax</u>        | <u>5824L</u>        |                              |                         | <u>65</u>                                                                                      | <u>~250-300</u>    | <u>24.4</u> <u>N/A</u>                          |
| Eng 2  |                     |                     |                              |                         |                                                                                                |                    |                                                 |
| Eng 3  |                     |                     |                              |                         |                                                                                                |                    |                                                 |
| Eng 4  |                     |                     |                              |                         |                                                                                                |                    |                                                 |

### Last Inspection Type

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

Date Last Inspection: 12/14/19

mm/dd/yyyy

Airframe Total Time: 633.2 hrs

hours measured at (Select one)

☐ Last Inspection ☒ Time of Accident/Incident

### Type of Maintenance Program (Select one)

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

### Description of Fire Extinguishing System

- ☒ None  
☐ Specify: \_\_\_\_\_

### Propeller 1

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☒ Ground Adjustable

Manufacturer: IVO prop

Model: 3 blade

### Propeller 2

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

ELT Installed: ☒ Yes ☐ No

If Yes:

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

Model or Part No.: \_\_\_\_\_

TSO No.: ☐ OC91 (121.5 MHz) ☐ OC91a (121.5 MHz)  
☐ OC126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☐ Yes ☐ No ☒ Unknown

If activated:

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated:

- Indicate Reason: ☐ Impact Damage  
☐ Fire Damage  
☐ Battery Expired/Damaged  
☒ Unknown

### Additional Equipment (Check all that apply)

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Scott or Tasha FitzgeraldCity: Port AngelesState: WAZIP: 98363Fractional Ownership Aircraft: ☐ Yes ☒ NoCountry: USA**Operator of Aircraft**☐ Same As Registered Owner☒ Same Address as Registered OwnerName: Scott Fitzgerald

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

Doing Business As: \_\_\_\_\_

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

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

Air Carrier/Operator Designator (4 Character Code): \_\_\_\_\_

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

**Operating Certificates Held**

(Check all that apply)

- ☒ None  
☐ Flag Carrier Operating Certificate (FAR 121)  
☐ Supplemental  
☐ Air Cargo  
☐ Foreign Air Carriers (FAR 129)  
☐ Rotorcraft External Load (FAR 133)  
☐ Commuter Air Carrier (FAR 135)  
☐ On-Demand Air Taxi (FAR 135)  
☐ Commercial Air Tour (FAR 136)  
☐ Agricultural Aircraft (FAR 137)  
☐ Pilot School (FAR 141)  
☐ Certificate of Authorization or Waiver (COA)  
☐ Commercial Space Transportation  
Experimental Permit  
☐ Commercial Space Transportation License  
☐ Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415  
☐ FAR 103 ☐ FAR 133 ☐ FAR 431  
☐ FAR 121 ☐ FAR 135 ☐ FAR 435  
☐ FAR 125 ☐ FAR 137 ☐ FAR 437

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

☐ Public Aircraft (Select one)

- ☐ Armed Forces  
☐ Federal  
☐ State  
☐ Local

☐ Unknown**Revenue Operation for FAR 121, 125, 129, 135**

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic  
☐ Non-Scheduled or Air Taxi ☐ International

- ☐ Passenger  
☐ Cargo  
☐ Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**

(Select one)

- ☐ Aerial Application ☐ Firefighting ☐ Unknown  
☐ Aerial Observation ☐ Flight Test  
☐ Air Drop ☐ Glider Tow  
☐ Air Race/Show ☐ Instructional  
☐ Banner Tow ☐ Other Work Use  
☐ Business ☒ Personal  
☐ Executive/Corporate ☐ Positioning  
☐ External Load ☐ Skydiving  
☐ Ferry

**Revenue Sightseeing Flight**☐ Yes ☒ No**Air Medical Flight**☐ Yes ☒ No**AIRPORT INFORMATION** (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

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

Distance From Airport Center: \_\_\_\_\_ sm

Airport Identifier: \_\_\_\_\_

Direction From Airport: \_\_\_\_\_ degrees true

Proximity to Airport: ☐ Off Airport/Airstrip ☐ On Airport/Airstrip ☐ N/A

Airport Elevation: \_\_\_\_\_ ft. msl

**Runway Information**

Runway ID: \_\_\_\_\_ (L/R/C) Length: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft

**Runway/Landing Surface** (Check all that apply)

- ☐ Asphalt ☐ Grass/Turf ☐ Macadam ☐ Water  
☐ Concrete ☐ Gravel ☐ Metal/Wood  
☐ Dirt ☐ Ice ☐ Snow ☐ Unknown

**Condition of Runway/Landing Surface** (Check all that apply)

- ☐ Dry ☐ Snow-Compacted ☐ Water-Calm  
☐ Holes ☐ Snow-Crusted ☐ Water-Choppy  
☐ Ice Covered ☐ Snow-Dry ☐ Water-Glassy  
☐ Rough ☐ Snow-Wet ☐ Wet  
☐ Rubber Deposits ☐ Soft  
☐ Slush-Covered ☐ Vegetation ☐ Unknown

**Approach/Departure Segment** (Select one)

- ☐ Taxi ☐ VFR Departure ☐ On Instrument Approach ☐ Downwind ☐ Low Approach  
☐ Takeoff ☐ IFR Departure Procedure/Clearance ☐ Landing ☐ Base ☐ Go Around  
☐ Initial Climb ☐ Aborted Landing (after touchdown)  
☐ Crosswind ☐ Unknown

**IFR Approach** (Check all that apply)

- ☐ None  
☐ ADF/NDB ☐ PAR ☐ MLS ☐ Practice  
☐ SDF ☐ Sidestep ☐ LDA ☐ GPS  
☐ VOR/TVOR ☐ ILS ☐ ASR  
☐ VOR/DME ☐ Localizer Only ☐ Visual  
☐ TACAN ☐ LOC-back course ☐ Contact  
☐ RNAV ☐ Circling  
☐ Unknown

**VFR Approach** (Check all that apply)

- ☐ None  
☐ Traffic Pattern ☐ Stop and Go  
☐ Straight-In ☐ Touch and Go  
☐ Valley/Terrain Following ☐ Simulated Forced Landing  
☐ Go Around ☐ Forced Landing  
☐ Full Stop ☐ Precautionary Landing  
☐ Unknown

# "FLIGHT CREWMEMBER 1" INFORMATION

## "Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying   ☒ Yes   ☐ No

## "Flight Crewmember 1" Identification

First Name: Scott

City of Residence: Port Angeles

Middle Initial: C

State: WA   ZIP: 98363

Last Name: Fitzgerald

Country: USA

Age at time of Accident/Incident: 33   Date of Birth:                      mm/dd/yyyy

Certificate Number:                     

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> Serious                                                                                                                                                                                                                                                                            | <b>Seat Occupied</b><br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single | <b>Restraint Type</b><br><b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap only<br><input type="checkbox"/> 3-point<br><input checked="" type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown<br><b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap only<br><input type="checkbox"/> 3-point<br><input checked="" type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" 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>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 checked="" type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                           |

|                                                                                                                                                |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                        |                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input checked="" type="checkbox"/> Other<br><input type="checkbox"/> Unknown | <b>Medical Certificate</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown | <b>Medical Certificate Validity</b><br><input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> Unknown<br><input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A<br><input type="checkbox"/> Special Issuance | <b>Date of Last Medical</b><br><u>11/19/2019</u><br>mm/dd/yyyy |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|

## Medical Certificate Limitations

N/A

## Medical Certificate Special Issuance

N/A

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

5/20/2019  
mm/dd/yyyy

## Flight Review Aircraft

Make: Pahls Herman Kitfox  
Model: One

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

N/A

## Student Endorsements (Include dates)

9/11/2018 Student Endorsements

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  | 138.9        | 120.8             | 138.9                  |                      | 4.5   |            | 3.0       |            |        |                  |
| Pilot in Command (PIC)                                      | 112.3        | 99.3              | 112.3                  |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 22.1         | 19.6              | 22.1                   |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 7.8          | 7.8               | 7.8                    |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 1.0          | 1.0               | 1.0                    |                      |       |            |           |            |        |                  |

Time in Kitfox I, Kitfox IV, C-172(5)

## "FLIGHT CREWMEMBER 2" INFORMATION

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

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

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

### "Flight Crewmember 2" Identification

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_

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

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

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

Certificate Number: \_\_\_\_\_

| <b>Degree of Injury</b><br><input type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Seat Occupied</b><br><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              | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="radio"/> None</td> <td><input type="radio"/> None</td> </tr> <tr> <td><input type="radio"/> Lap only</td> <td><input type="radio"/> Lap only</td> </tr> <tr> <td><input type="radio"/> 3-point</td> <td><input type="radio"/> 3-point</td> </tr> <tr> <td><input type="radio"/> 4-point</td> <td><input type="radio"/> 4-point</td> </tr> <tr> <td><input type="radio"/> 5-point</td> <td><input type="radio"/> 5-point</td> </tr> <tr> <td><input type="radio"/> Unknown</td> <td><input type="radio"/> Unknown</td> </tr> </table> | Available                                  | Used                                | <input type="radio"/> None           | <input type="radio"/> None       | <input type="radio"/> Lap only        | <input type="radio"/> Lap only             | <input type="radio"/> 3-point    | <input type="radio"/> 3-point    | <input type="radio"/> 4-point  | <input type="radio"/> 4-point            | <input type="radio"/> 5-point | <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                        | <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 |                                                |                           |                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|--------------------------------------|----------------------------------|---------------------------------------|--------------------------------------------|----------------------------------|----------------------------------|--------------------------------|------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------|----------------------------------------|--|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Used                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <input type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="radio"/> None                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <input type="radio"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Lap only                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <input type="radio"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> 3-point                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <input type="radio"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> 4-point                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <input type="radio"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> 5-point                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Unknown                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Flight Instructor</td> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> US Military</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Recreational</td> <td><input type="checkbox"/> Airline Transport</td> <td><input type="checkbox"/> Foreign</td> </tr> <tr> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Sport</td> <td><input type="checkbox"/> Flight Engineer</td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                  | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Flight Instructor | <input type="checkbox"/> Commercial | <input type="checkbox"/> US Military | <input type="checkbox"/> Private | <input type="checkbox"/> Recreational | <input type="checkbox"/> Airline Transport | <input type="checkbox"/> Foreign | <input type="checkbox"/> Student | <input type="checkbox"/> Sport | <input type="checkbox"/> Flight Engineer |                               | <b>Medical Certificate Validity</b><br><table style="width: 100%;"> <tr> <td><input type="radio"/> Without limitations/waivers</td> <td><input type="radio"/> Unknown</td> </tr> <tr> <td><input type="radio"/> With limitations/waivers</td> <td><input type="radio"/> N/A</td> </tr> <tr> <td><input type="radio"/> Special Issuance</td> <td></td> </tr> </table> |                               | <input type="radio"/> Without limitations/waivers | <input type="radio"/> Unknown                                                                                                                                                                                                  | <input type="radio"/> With limitations/waivers | <input type="radio"/> N/A | <input type="radio"/> Special Issuance |  |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Flight Instructor                                                                                                                                                                                                       | <input type="checkbox"/> Commercial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> US Military       |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <input type="checkbox"/> Private                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Recreational                                                                                                                                                                                                            | <input type="checkbox"/> Airline Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Foreign           |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <input type="checkbox"/> Student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Sport                                                                                                                                                                                                                   | <input type="checkbox"/> Flight Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <input type="radio"/> Without limitations/waivers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="radio"/> Unknown                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <input type="radio"/> With limitations/waivers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> N/A                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Medical Certificate</b><br><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 | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                     |                                      |                                  |                                       |                                            |                                  |                                  |                                |                                          |                               |                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                   |                                                                                                                                                                                                                                |                                                |                           |                                        |  |

### Medical Certificate Limitations

### Medical Certificate Special Issuance

**Date of Last Flight Review  
or Equivalent, Including  
FAR 121/135 Checks:** \_\_\_\_\_  
 mm/dd/yyyy

### Flight Review Aircraft

**Make:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Airplane Rating(s)</b><br><i>(Check all that apply)</i><br><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 | <b>Other Aircraft Rating(s)</b><br><i>(Check all that apply)</i><br><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 | <b>Instrument Rating(s)</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift | <b>Instructor Rating(s)</b><br><i>(Check all that apply)</i><br><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><div style="float: right;"> <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                 </div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Type Ratings

### Student Endorsements *(Include dates)*

| Flight Time <i>(Enter appropriate number of hours in each box)</i> | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|--------------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                                    |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                         |              |                   |                        |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Time as Instructor                                                 |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                                    |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                       |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                       |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                                      |              |                   |                        |                      |       |            |           |            |        |                  |

| 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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | City of Residence: _____                                                                                                                            |                                                                                                                                                                       | <input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown                                                                                                                                                                                                 |  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |                                                                                                                                                                   |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | State: _____ ZIP: _____                                                                                                                             |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                |                                                                                                                                                                   |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Country: _____                                                                                                                                      |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                |                                                                                                                                                                   |
| <b>Pilot Certificate(s) (Check all that apply)</b><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> <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 |  | <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<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown <input type="radio"/> Unknown                                                                                                                                                                                                 |  | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |                                                                                                                                                                   |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | State: _____ ZIP: _____                                                                                                                             |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                |                                                                                                                                                                   |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Country: _____                                                                                                                                      |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                |                                                                                                                                                                   |
| <b>Pilot Certificate(s) (Check all that apply)</b><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> <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 |  | <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)                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                |                                                                                                                                                                   |
| <b>Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Seat</b>                                                                                                                                         | <b>Injury</b>                                                                                                                                                         | <b>Restraint Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Inflatable Restraints</b>                                                                                                                                                                                                   | <b>Age</b>                                                                                                                                                        |
| First Name: <u>Daniel</u> City: <u>Lander</u><br>Middle Initial: <u>T</u> State: <u>NY</u> ZIP: <u>82520</u><br>Last Name: <u>Mock</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 type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input checked="" type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b> <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 checked="" type="radio"/> 4-point <input checked="" 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 checked="" 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                      | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> 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> <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                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> 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> <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                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> 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> <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                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

# FLIGHT ITINERARY INFORMATION

|                                                                                                                          |                                                                            |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>KLND</u><br>City: <u>Lander</u><br>State: <u>WY</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>~ 7:30am</u><br>Time Zone: <u>Mtn</u> | <b>Destination</b><br>Airport ID: <u>KLND</u><br>City: <u>Lander</u><br>State: <u>WY</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</b> (Check all that apply)<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise<br><input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA                                                                                                                                                                                                                                                                                                                                                           |  |  |                                                                |
| <b>Airspace where the accident/incident occurred</b> (Check all that apply)<br><input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class G <input type="checkbox"/> Military Operations Area (MOA) <input type="checkbox"/> Special<br><input type="checkbox"/> Class B <input type="checkbox"/> Demo Area <input type="checkbox"/> Airport Advisory Area <input type="checkbox"/> Air Traffic Control Area<br><input type="checkbox"/> Class C <input type="checkbox"/> Warning Area <input type="checkbox"/> Jet Training Area <input type="checkbox"/> Unknown<br><input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area <input type="checkbox"/> TRSA<br><input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area <input type="checkbox"/> FAR 93 |  |  | <b>Altitude of In-Flight Occurrence:</b><br><u>8600</u> ft msl |

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)<br><input 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 type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input type="checkbox"/> On-Board Weather | <b>Weather Observation Facility</b><br>Facility ID: <u>KLND</u><br>Observation Time: <u>6:53am</u><br>Time Zone: <u>Mtn</u><br>Distance from Accident Site: <u>9.25</u> nm<br>Direction from Accident Site: <u>215° SW</u> 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 <u>~50°</u> (F)<br><b>Dew Point:</b> _____ (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>29.71</u> in. Hg<br>or _____ MB                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |

|                                                                                                           |                                                                                                                               |                                                                                       |                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-or-<br>Direction: <u>210°</u> degrees true | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-or-<br>Speed: _____ kts | <b>Wind Gusts</b><br><input type="checkbox"/> Not Gusting<br>-or-<br>Speed: _____ kts | <b>Visibility</b> <u>&gt;10</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</b> (Check all that apply)<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</b> (Check all that apply)<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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Icing Forecast</b><br>Amount<br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown<br>Type<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown | <b>Icing Actual</b><br>Amount<br><input checked="" type="radio"/> None<br><input type="radio"/> Trace<br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Severe<br><input type="radio"/> Unknown<br>Type<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown | <b>Turbulence</b><br>Type (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Clear Air<br><input checked="" type="checkbox"/> Terrain-Induced<br><input type="checkbox"/> Convective Turbulence<br>Severity<br><input checked="" type="checkbox"/> Light<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe<br><input type="checkbox"/> Extreme |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:

None

**DAMAGE TO AIRCRAFT AND OTHER PROPERTY****Aircraft Damage**

- ☐ None      ☐ Substantial  
☐ Minor      ☒ Destroyed  
                 ☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

over 50% burned to frame  
nose submerged under water

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

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

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

Operator/Owner Safety Recommendation

Remain higher above terrain in mountainous areas

**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  
\_\_\_\_ CyclesTime Since This Part  
Inspected/Overhauled

\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**Fuel on Board at Last Takeoff  
(Convert from pounds, as necessary)

6 Gallons

Fuel Type

☐ 80/87 ☐ 115/145 ☐ Jet B ☒ Other, specify 50:1 mix  
☐ 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

Exited through pilot side door partially under water - pilot, left side  
No exit passenger, right side**OTHER AIRCRAFT - COLLISION** (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

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

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

Damage to Other Aircraft

☐ Destroyed ☐ Minor  
☐ Substantial ☐ None

Registered Owner of Other Aircraft

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

Pilot of Other Aircraft

Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Country: \_\_\_\_\_

## Kitfox N595KF Crash Narrative

I was on a trip around the west towing the Kitfox on a trailer. My intentions were to fly in scenic places across ID, WY, SD, CO, UT before returning home to Washington. My friend Daniel (who was my passenger) and I decided to overfly a few beautiful places near Lander that we had explored only on the ground before. We planned to fly in the morning for cooler and calmer weather. It looked like Sunday morning's conditions were going to be favorable for a flight.

The night before (Saturday 6/6/2020), I had checked weather, (TAFs, forecast and prognostic charts, and Windy.com) for local weather. The weather was predicted to be clear with light winds in the local area of the flight until at least 10am and possibly longer. We planned for a 1-1.5hr flight.

We woke about 6 am that morning, ate a good breakfast, and took the Kitfox to the airport on its trailer.

We got to the airport about 6:45-7am. Winds were light and variable. We took the plane off the trailer, assembled it and then did a thorough preflight. I also looked again at weather. The forecast seemed to be holding as stated the night prior.

About 7:30am, we taxied out. The wind was variable, but at the moment it seemed to favor runway 4 with a little right crosswind. Takeoff was uneventful. We departed on the right downwind and then turned south. We were headed to see some limestone crags near the charted cell tower at 9221MSL. We arrived at the crags and turned NW to fly along the ridge toward Frye Lake over several miles of beautiful terrain. Winds were overall laminar with just a little turbulence. The winds were out of the WNW at what seemed to be about 10-15kts. We arrived at the top of Sinks Canyon to the north of Frye Lake. We were 1500ft AGL at that time and decided we would like to circle down to see the area a little closer. The plan was to overfly the lake at 500-600ft AGL with a SW heading, then turn right (to the north) then fly NE along river as it descends down Sinks Canyon. Then shortly back to the Lander airport.

We were on the NE side of the lake when we circled down a couple times losing altitude to about 600ft AGL. We turned toward the lake and as we approached the lake we were hit with some turbulence and heavily sinking air. I did not feel comfortable turning at that time and kept the plane pointed ahead to maintain control. We were not able to maintain much altitude above the lake and possibly only stopped sinking due to ground effect. I tried to use ground effect to build speed to climb and then turn to the right to get into descending terrain over the river below as planned. About 2/3 way down the lake I tried to rotate to gain altitude and clear the trees. I was running out of room and was not gaining altitude at an effective rate. I could see the campground nearing and the treetops ahead. Turning right was into rising terrain. Turning left was the only

opportunity for escape I could see. Otherwise straight ahead was into a campground and trees. As I started to roll left, the airplane must have stalled, then yawed hard left, did half a turn as it spun straight down into the lake near the shore. It crashed nose down into the lake with the tail vertical. The aircraft must have only been 75-100ft AGL at the time of the stall/spin.

We came to rest in 2-4ft of water. I do not believe I lost consciousness after striking my face against something in the cockpit causing severe facial trauma and bleeding. I immediately checked on my passenger and tried to open the doors of the plane. My passenger's head was partially submerged under water. He did not seem conscious. I lifted his head out of the water. He was not breathing, nor did he move. Fuel mixture was starting to coat the surface of the water and had been ignited. I was being burned throughout my face and airway when coming up for air. I would dunk my head to put out the flames before coming up to try to free my passenger and would be again reignited with flames. I tried to unbuckle my passenger from his 4pt harness and free him of the wreckage, but the fire was becoming more intense. I knew right then that if I did not extricate myself soon, I would be unable to do get out alive. I got free of my 4pt harness and exited through my door. On the bank were a group of people who helped me to shore. They put a towel in my face to stop the bleeding. I exclaimed that my friend was still in the plane as I tried to go back to the wreckage. The plane was by then in a blaze, with the fabric burning off of the wings, body, and tail of the plane. The bystanders pulled me back to shore and would not permit me to return to the plane for my own safety. I sat on the bank with pressure on my face to stop the bleeding while watching the plane burn with my friend in the plane presumably dead at this point.

After this, I was in shock and do not remember the time frame. A uniformed officer arrived as well as an ambulance. I gave the officer my ID and pilots license and gave them my wife's phone number. I was then loaded into an ambulance and taken to the ER in Lander, WY. I was ultimately sent to the University of Utah trauma ICU that afternoon.

**ADDITIONAL INFORMATION** (Please type or print in ink)

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

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Date of this Report

6/21/2020

mm/dd/yyyy

Name of Pilot/Operator:

Scott C. Fitzgerald

Signature:

- or -



Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name:

Title:

Signature:

- or -



Check here to electronically sign this document

**FOR NTSB USE ONLY**NTSB Accident/Incident No.  
WPR20LA170Reviewed by NTSB Regional Office  
WPR - Federal WayName of Investigator  
S. SteinDate Report Received  
June 21, 2020