

| <b>NATIONAL TRANSPORTATION SAFETY BOARD</b><br><b>PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT</b><br>This form to be used for reporting civil and public aircraft accidents and incidents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>BASIC INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Blanding</u> State: <u>Utah</u><br>ZIP: <u>84511</u> Country: <u>United States</u><br>Latitude: <u>37.58 N</u> Longitude: <u>109.48 W</u><br><small>(Enter in decimal degrees or degrees:minutes:seconds)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | <b>Accident/Incident Date/Time</b><br>Date: <u>04/20/2022</u> Local Time: <u>10:00 am</u><br><small>mm/dd/yyyy</small><br>Time Zone: <u>Mountain</u>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Collision with Other Aircraft:</b> Midair On-ground <input checked="" type="radio"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>AIRCRAFT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Registration Number:</b> <u>N46055</u><br><b>Manufacturer:</b> <u>Cessna</u><br><b>Model:</b> <u>172i</u><br><b>Serial Number:</b> <u>17257016</u><br><b>Year of Manufacture:</b> <u>1968</u><br><b>Amateur-Built:</b> Yes <input type="checkbox"/> If Yes: Kit/Plans Make: _____<br><input checked="" type="checkbox"/> No Original Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | <b>IFR-Equipped and Certified</b><br>Commercial Space Flight<br>Unmanned Aircraft<br><b>Maximum Gross Weight:</b> <u>2300</u> lbs<br><b>Weight at Time of Accident/Incident:</b> <u>~1650</u> lbs<br><b>Number of Seats:</b> <u>4</u> Flight Crew Seats: <u>2</u><br>Cabin Crew Seats: _____ Passenger Seats: <u>2</u><br><b>Number of Engines:</b> <u>1</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Category of Aircraft</b><br><input checked="" type="radio"/> Airplane<br>Balloon<br>Blimp/Dirigible<br>Glider<br>Gyroplane<br>Helicopter<br>Powered Lift<br>Rocket<br>Ultralight<br>Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | <b>Type of Airworthiness Certificate</b><br><small>(Check all that apply)</small><br><b>Standard</b> <input checked="" type="checkbox"/> <b>Special</b><br>Normal <input checked="" type="checkbox"/> Restricted<br>Aerobatic Limited<br>Balloon Provisional<br>Commuter Special Flight<br>Transport Experimental<br>Utility <input checked="" type="checkbox"/> Special Light-Sport<br>Experimental Light-Sport<br>Certificate of Authorization or Waiver (COA)<br>None Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | <b>Landing Gear</b><br><small>(Check all that apply)</small><br><input checked="" type="checkbox"/> Retractable<br>Tricycle <input checked="" type="checkbox"/> Tailwheel<br>Amphibian High Skid<br>Emergency Float Skid<br>Float Ski<br>Hull Ski/Wheel<br>Other Launch/Recovery System<br>None Unknown                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Engine Type (Select one)</b><br>Reciprocating <input checked="" type="checkbox"/> Liquid Rocket<br>Turbo Shaft Solid Rocket<br>Turbo Prop Hybrid Rocket<br>Turbo Jet None<br>Turbo Fan Unknown<br>Electric<br><b>Fuel System Type (Reciprocating)</b><br>Carburetor <input checked="" type="checkbox"/> Fuel-Injected |                                |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Engine</th> <th>Engine Manufacturer</th> <th>Engine Model/Series</th> <th>Manufacturer's Serial Number</th> <th>Date of Mfg. mm/dd/yyyy</th> <th>Rated Power Horsepower or lbs of Thrust</th> <th>Total Time (hours)</th> <th>Time Since: Inspection (hours)</th> <th>Overhaul (hours)</th> </tr> </thead> <tbody> <tr> <td>Eng 1</td> <td><u>Lycoming</u></td> <td><u>O-320-F2D</u></td> <td><u>1-22670-27A</u></td> <td><u>? / ? / 1968</u></td> <td><u>150</u></td> <td><u>4045.16</u></td> <td><u>50 hours</u></td> <td><u>1754.16</u></td> </tr> <tr> <td>Eng 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u>4095.16</u></td> <td></td> <td><u>1804.16</u></td> </tr> <tr> <td>Eng 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Eng 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Engine              | Engine Manufacturer                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Engine Model/Series                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                      | Rated Power Horsepower or lbs of Thrust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total Time (hours)                                                                                                                                                                                                                                                                                                       | Time Since: Inspection (hours) | Overhaul (hours) | Eng 1 | <u>Lycoming</u> | <u>O-320-F2D</u> | <u>1-22670-27A</u> | <u>? / ? / 1968</u> | <u>150</u> | <u>4045.16</u> | <u>50 hours</u> | <u>1754.16</u> | Eng 2 |  |  |  |  |  | <u>4095.16</u> |  | <u>1804.16</u> | Eng 3 |  |  |  |  |  |  |  |  | Eng 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Engine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Engine Manufacturer | Engine Model/Series                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Manufacturer's Serial Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date of Mfg. mm/dd/yyyy      | Rated Power Horsepower or lbs of Thrust                                                                                                                                                                                                                                                                                                                      | Total Time (hours)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Time Since: Inspection (hours)                                                                                                                                                                                                                                                                                           | Overhaul (hours)               |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eng 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Lycoming</u>     | <u>O-320-F2D</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>1-22670-27A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>? / ? / 1968</u>          | <u>150</u>                                                                                                                                                                                                                                                                                                                                                   | <u>4045.16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>50 hours</u>                                                                                                                                                                                                                                                                                                          | <u>1754.16</u>                 |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eng 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                                                                                                                                                                                                                                                                                                                              | <u>4095.16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          | <u>1804.16</u>                 |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eng 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Eng 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Last Inspection Type</b><br>100-Hour Continuous Airworthiness<br>AAIP Conditional Inspection<br>Annual <input checked="" type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Propeller 1</b> <input checked="" type="checkbox"/> Fixed Pitch<br>Controllable Pitch<br>Ground Adjustable<br>Manufacturer: <u>Hartzell</u><br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                                                                                                                                                                                                                                                                                              | <b>Propeller 2</b> <input type="checkbox"/> Fixed Pitch<br>Controllable Pitch<br>Ground Adjustable<br>Manufacturer: _____<br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                          |                                |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Date Last Inspection:</b> <u>03/01/2022</u><br><small>mm/dd/yyyy</small><br><b>Airframe Total Time:</b> <u>4095.16</u> hrs<br>hours measured at (Select one)<br>Last Inspection Time of Accident/Incident <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>ELT Installed:</b> Yes <input checked="" type="checkbox"/> No<br>If Yes:<br><b>ELT Manufacturer:</b> <u>Narco</u><br><b>Model or Part No.:</b> <u>ELT 10</u><br><b>TSO No.:</b> <u>C91 (121.5 MHz)</u> <input checked="" type="checkbox"/> <u>C91a (121.5 MHz)</u><br><u>C126 (406 MHz)</u><br><b>Was ELT still mounted in aircraft?</b> Yes <input checked="" type="checkbox"/> No<br><b>Was ELT still connected to antenna?</b> Yes <input checked="" type="checkbox"/> No<br><b>Did ELT Activate?</b> Yes <input checked="" type="checkbox"/> No<br>If activated:<br><b>Did ELT Aid in Locating Aircraft:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If not activated:<br><b>Indicate Reason:</b> Impact Damage<br>Fire Damage<br>Battery Expired/Damaged<br>Unknown |                              |                                                                                                                                                                                                                                                                                                                                                              | <b>Additional Equipment (Check all that apply)</b><br><input checked="" type="checkbox"/> ADS-B<br><input type="checkbox"/> Airframe Parachute<br><input type="checkbox"/> Angle of Attack Indicator<br><input type="checkbox"/> Autopilot<br><input type="checkbox"/> Data Recorder<br><input type="checkbox"/> Electronic Flight Bag or Handheld Device<br><input type="checkbox"/> Electronic Multifunction Display<br><input type="checkbox"/> Electronic Primary Flight Display<br><input checked="" type="checkbox"/> Handheld GPS<br><input type="checkbox"/> Heads Up Display<br><input type="checkbox"/> Onboard Weather<br><input type="checkbox"/> Satellite Tracking Device<br><input checked="" type="checkbox"/> Stall Warning System <u>(cessna stall horn)</u><br><input type="checkbox"/> Video Recording Device<br>Other, Specify: _____ |                                                                                                                                                                                                                                                                                                                          |                                |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Type of Maintenance Program (Select one)</b><br>Annual <input checked="" type="checkbox"/><br>Conditional (Amateur-built only)<br>Manufacturer's Inspection Program<br>Other Approved Inspection Program (AAIP)<br>Continuous Airworthiness<br>Other, specify: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Description of Fire Extinguishing System</b><br>None<br>Specify: <u>Single fire extinguisher at base of Pilot's seat</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                          |                                |                  |       |                 |                  |                    |                     |            |                |                 |                |       |  |  |  |  |  |                |  |                |       |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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-----------------------|------------------------------------------|---------------------------------------|--------------------------------------|---------------------------------------------------|---------------------------------------------------|-----------------------------------------|------------------------------------|------------------------------------------------|------------------------------------|----------------------------------|
| <b>Registered Aircraft Owner</b><br>Name: <u>Roadrunner Flight School LLC</u><br>Fractional Ownership Aircraft: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City: <u>Farmington</u><br>State: <u>NM</u> ZIP: <u>87401</u><br>Country: <u>United States</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                            |                                         |                                                 |                                   |   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                  |                                          |                                       |                                      |                                                   |                                                   |                                         |                                    |                                                |                                    |                                  |
| <b>Operator of Aircraft</b> <i>Same As Registered Owner</i> <input checked="" type="checkbox"/><br>Name: <u>Roadrunner Flight School LLC</u><br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <i>Same Address as Registered Owner</i> <input checked="" type="checkbox"/><br>City: <u>Farmington</u><br>State: <u>NM</u> ZIP: <u>87401</u><br>Country: <u>United States</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                            |                                         |                                                 |                                   |   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                  |                                          |                                       |                                      |                                                   |                                                   |                                         |                                    |                                                |                                    |                                  |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation<br><input type="checkbox"/> Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft                                                                                     | <b>Regulation Flight Conducted Under</b><br><table style="width: 100%; border: none;"> <tr> <td>FAR 91 <input checked="" type="checkbox"/></td> <td>FAR 129</td> <td>FAR 415</td> </tr> <tr> <td>FAR 103</td> <td>FAR 133</td> <td>FAR 431</td> </tr> <tr> <td>FAR 121</td> <td>FAR 135</td> <td>FAR 435</td> </tr> <tr> <td>FAR 125</td> <td>FAR 137</td> <td>FAR 437</td> </tr> </table><br><input type="checkbox"/> FAR 91 Special Flight<br><input type="checkbox"/> Non-US, Commercial<br><input type="checkbox"/> Non-US, Non-commercial<br><br><b>Public Aircraft (Select one)</b><br><input type="checkbox"/> Armed Forces<br><input type="checkbox"/> Federal<br><input type="checkbox"/> State<br><input type="checkbox"/> Local<br><input type="checkbox"/> Unknown | FAR 91 <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FAR 129                            | FAR 415                                                    | FAR 103                                 | FAR 133                                         | FAR 431                           | FAR 121                               | FAR 135                               | FAR 435                                                    | FAR 125                           | FAR 137                               | FAR 437                            | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Scheduled or Commuter</td> <td><input type="checkbox"/> Domestic</td> </tr> <tr> <td><input type="checkbox"/> Non-Scheduled or Air Taxi</td> <td><input type="checkbox"/> International</td> </tr> </table><br><input type="checkbox"/> Passenger<br><input type="checkbox"/> Cargo<br><input type="checkbox"/> Mail Contract Only |                                         | <input type="checkbox"/> Scheduled or Commuter | <input type="checkbox"/> Domestic | <input type="checkbox"/> Non-Scheduled or Air Taxi         | <input type="checkbox"/> International   |                                     |                                  |                                    |                                  |                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                               |                                      |                                          |                                       |                                      |                                                   |                                                   |                                         |                                    |                                                |                                    |                                  |
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| <b>Revenue Sightseeing Flight</b><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <b>AIRPORT INFORMATION</b> <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>Airport Name:</b> _____<br><b>Airport Identifier:</b> _____<br><b>Proximity to Airport:</b> Off Airport/Airstrip <input type="checkbox"/> On Airport/Airstrip <input type="checkbox"/> N/A <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>Runway Information</b><br>Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Dry</td> <td><input type="checkbox"/> Snow-Compacted</td> <td><input type="checkbox"/> Water-Calm</td> </tr> <tr> <td><input type="checkbox"/> Holes</td> <td><input type="checkbox"/> Snow-Crusted</td> <td><input type="checkbox"/> Water-Choppy</td> </tr> <tr> <td><input type="checkbox"/> Ice Covered</td> <td><input type="checkbox"/> Snow-Dry</td> <td><input type="checkbox"/> Water-Glassy</td> </tr> <tr> <td><input type="checkbox"/> Rough</td> <td><input type="checkbox"/> Snow-Wet</td> <td><input type="checkbox"/> Wet</td> </tr> <tr> <td><input type="checkbox"/> Rubber Deposits</td> <td><input type="checkbox"/> Soft</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Slush-Covered</td> <td><input type="checkbox"/> Vegetation</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> |                                    | <input type="checkbox"/> Dry                               | <input type="checkbox"/> Snow-Compacted | <input type="checkbox"/> Water-Calm             | <input type="checkbox"/> Holes    | <input type="checkbox"/> Snow-Crusted | <input type="checkbox"/> Water-Choppy | <input type="checkbox"/> Ice Covered                       | <input type="checkbox"/> Snow-Dry | <input type="checkbox"/> Water-Glassy | <input type="checkbox"/> Rough     | <input type="checkbox"/> Snow-Wet                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Wet            | <input type="checkbox"/> Rubber Deposits       | <input type="checkbox"/> Soft     |                                                            | <input type="checkbox"/> Slush-Covered   | <input type="checkbox"/> Vegetation | <input type="checkbox"/> Unknown |                                    |                                  |                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                               |                                      |                                          |                                       |                                      |                                                   |                                                   |                                         |                                    |                                                |                                    |                                  |
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| <input type="checkbox"/> Ice Covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <input type="checkbox"/> Rough                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <input type="checkbox"/> Rubber Deposits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Asphalt</td> <td><input type="checkbox"/> Grass/Turf</td> <td><input type="checkbox"/> Macadam</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td><input type="checkbox"/> Concrete</td> <td><input type="checkbox"/> Gravel</td> <td><input type="checkbox"/> Metal/Wood</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dirt</td> <td><input type="checkbox"/> Ice</td> <td><input type="checkbox"/> Snow</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>Approach/Departure Segment</b> <i>(Select one)</i><br><table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Taxi</td> <td><input type="checkbox"/> VFR Departure</td> <td><input type="checkbox"/> On Instrument Approach</td> <td><input type="checkbox"/> Downwind</td> <td><input type="checkbox"/> Low Approach</td> </tr> <tr> <td><input type="checkbox"/> Takeoff</td> <td><input type="checkbox"/> IFR Departure Procedure/Clearance</td> <td><input type="checkbox"/> Landing</td> <td><input type="checkbox"/> Base</td> <td><input type="checkbox"/> Go Around</td> </tr> <tr> <td><input type="checkbox"/> Initial Climb</td> <td></td> <td></td> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Aborted Landing (after touchdown)</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Crosswind</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>                                                                                      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| <b>IFR Approach</b> <i>(Check all that apply)</i><br><table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> PAR</td> <td><input type="checkbox"/> MLS</td> <td><input type="checkbox"/> Practice</td> </tr> <tr> <td><input type="checkbox"/> ADF/NDB</td> <td><input type="checkbox"/> Sidestep</td> <td><input type="checkbox"/> LDA</td> <td><input type="checkbox"/> GPS</td> </tr> <tr> <td><input type="checkbox"/> SDF</td> <td><input type="checkbox"/> ILS</td> <td><input type="checkbox"/> ASR</td> <td></td> </tr> <tr> <td><input type="checkbox"/> VOR/TVOR</td> <td><input type="checkbox"/> Localizer Only</td> <td><input type="checkbox"/> Visual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> VOR/DME</td> <td><input type="checkbox"/> LOC-back course</td> <td><input type="checkbox"/> Contact</td> <td></td> </tr> <tr> <td><input type="checkbox"/> TACAN</td> <td><input type="checkbox"/> RNAV</td> <td><input type="checkbox"/> Circling</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> PAR       | <input type="checkbox"/> MLS                               | <input type="checkbox"/> Practice       | <input type="checkbox"/> ADF/NDB                | <input type="checkbox"/> Sidestep | <input type="checkbox"/> LDA          | <input type="checkbox"/> GPS          | <input type="checkbox"/> SDF                               | <input type="checkbox"/> ILS      | <input type="checkbox"/> ASR          |                                    | <input type="checkbox"/> VOR/TVOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Localizer Only | <input type="checkbox"/> Visual                |                                   | <input type="checkbox"/> VOR/DME                           | <input type="checkbox"/> LOC-back course | <input type="checkbox"/> Contact    |                                  | <input type="checkbox"/> TACAN     | <input type="checkbox"/> RNAV    | <input type="checkbox"/> Circling | <input type="checkbox"/> Unknown | <b>VFR Approach</b> <i>(Check all that apply)</i><br><table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Stop and Go</td> </tr> <tr> <td><input type="checkbox"/> Traffic Pattern</td> <td><input type="checkbox"/> Touch and Go</td> </tr> <tr> <td><input type="checkbox"/> Straight-In</td> <td><input type="checkbox"/> Simulated Forced Landing</td> </tr> <tr> <td><input type="checkbox"/> Valley/Terrain Following</td> <td><input type="checkbox"/> Forced Landing</td> </tr> <tr> <td><input type="checkbox"/> Go Around</td> <td><input type="checkbox"/> Precautionary Landing</td> </tr> <tr> <td><input type="checkbox"/> Full Stop</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> |  | <input type="checkbox"/> None | <input type="checkbox"/> Stop and Go | <input type="checkbox"/> Traffic Pattern | <input type="checkbox"/> Touch and Go | <input type="checkbox"/> Straight-In | <input type="checkbox"/> Simulated Forced Landing | <input type="checkbox"/> Valley/Terrain Following | <input type="checkbox"/> Forced Landing | <input type="checkbox"/> Go Around | <input type="checkbox"/> Precautionary Landing | <input type="checkbox"/> Full Stop | <input type="checkbox"/> Unknown |
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| <input type="checkbox"/> Traffic Pattern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| <input type="checkbox"/> Straight-In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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