

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

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

## BASIC INFORMATION

### Accident/Incident Location

Nearest City/Place: Manley Hot Springs State: AK

ZIP: 99756 Country: USA

Latitude: N64°38'45" Longitude: W151°48'24"

(Enter in decimal degrees or degrees minutes seconds)

### Accident/Incident Date/Time

Date: 08/10/2022 Local Time: 1320  
mm/dd/yyyy

Time Zone: AK

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

## AIRCRAFT INFORMATION

Registration Number: N8486D

Manufacturer: David Hoffman

Model: Murphy Elite

Serial Number: E693

Year of Manufacture: 2021

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

☐ IFR-Equipped and Certified

☐ Commercial Space Flight

☐ Unmanned Aircraft

Maximum Gross Weight: 1800 lbs

Weight at Time of Accident/Incident: 1400 lbs

Number of Seats: 2 Flight Crew Seats: \_\_\_\_\_

Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_

Number of Engines: 1

### Category of Aircraft

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

### Type of Airworthiness Certificate

(Check all that apply)

#### Standard

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

#### Special

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

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

### Landing Gear

(Check all that apply)

☐ Retractable

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

### Engine Type (Select one)

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

### Fuel System Type (Reciprocating)

☒ Carburetor ☐ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br>mm/dd/yyyy | Rated Power<br><input checked="" type="checkbox"/> Horsepower or<br><input type="checkbox"/> lbs of Thrust | Total Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|---------------------|
| Eng 1  | <u>Lycoming</u>     | <u>O-320H2AD</u>    | <u>L-3691-76</u>             | <u>01/01/1978</u>          | <u>160</u>                                                                                                 | <u>4430.4</u>         | <u>45</u>                            | <u>2674.4</u>       |
| Eng 2  |                     |                     |                              |                            |                                                                                                            |                       |                                      |                     |
| Eng 3  |                     |                     |                              |                            |                                                                                                            |                       |                                      |                     |
| Eng 4  |                     |                     |                              |                            |                                                                                                            |                       |                                      |                     |

### Last Inspection Type

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

Date Last Inspection: 09/10/2021  
mm/dd/yyyy

Airframe Total Time: 44.5 hrs

hours measured at (Select one)

☐ Last Inspection ☒ Time of Accident/Incident

### Type of Maintenance Program (Select one)

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

### Description of Fire Extinguishing System

- ☒ None  
☐ Specify: \_\_\_\_\_

### Propeller 1

- ☒ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

Manufacturer: McCauley

Model: 1C160

### Propeller 2

- ☐ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

ELT Installed: ☒ Yes ☐ No

If Yes

ELT Manufacturer: Artex

Model or Part No.: 345

TSO No.: ☐ C91 (121.5 MHz) ☐ C91a (121.5 MHz)  
☒ C126 (406 MHz)

Was ELT still mounted in aircraft? ☒ Yes ☐ No

Was ELT still connected to antenna? ☒ Yes ☐ No

Did ELT Activate? ☒ Yes ☐ No

If activated

Did ELT Aid in Locating Aircraft: ☐ Yes ☒ No

If not activated

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

### Additional Equipment (Check all that apply)

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**Name: Baltrum, Daniel RCity: FairbanksFractional Ownership Aircraft: ☐ Yes ☒ NoState: AK ZIP: 99709Country: USA**Operator of Aircraft**☒ Same As Registered Owner☒ Same Address as Registered Owner

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

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

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

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

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

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

**Operating Certificates Held**

(Check all that apply)

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

**Regulation Flight Conducted Under**

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415  
☐ FAR 103 ☐ FAR 133 ☐ FAR 431  
☐ FAR 121 ☐ FAR 135 ☐ FAR 435  
☐ FAR 125 ☐ FAR 137 ☐ FAR 437
- ☐ FAR 91 Special Flight  
☐ Non-US, Commercial  
☐ Non-US, Non-commercial
- ☐ Public Aircraft (Select one)  
☐ Armed Forces  
☐ Federal  
☐ State  
☐ Local  
☐ Unknown

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

(Select one for each group)

- ☐ Scheduled or Commuter ☐ Domestic  
☐ Non-Scheduled or Air Taxi ☐ International
- ☐ Passenger  
☐ Cargo  
☐ Mail Contract Only

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

(Select one)

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

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

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

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

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

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

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

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

**Runway Information**

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

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

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

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

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

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

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

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

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

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

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

## "FLIGHT CREWMEMBER 1" INFORMATION

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

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

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

### "Flight Crewmember 1" Identification

First Name: Daniel City of Residence: Fairbanks  
 Middle Initial: R State: AK ZIP: 99709  
 Last Name: Baltrum Country: USA  
 Age at time of Accident/Incident: 51 Date of Birth:                      mm/dd/yyyy  
 Certificate Number:                     

| <b>Degree of Injury</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                                                                                                                                                                                                            | <b>Seat Occupied</b><br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single           | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Lap only</td> <td><input type="checkbox"/> Lap only</td> </tr> <tr> <td><input checked="" type="checkbox"/> 3-point</td> <td><input checked="" type="checkbox"/> 3-point</td> </tr> <tr> <td><input type="checkbox"/> 4-point</td> <td><input type="checkbox"/> 4-point</td> </tr> <tr> <td><input type="checkbox"/> 5-point</td> <td><input type="checkbox"/> 5-point</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | Available                                                      | Used | <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> Lap only | <input type="checkbox"/> Lap only | <input checked="" type="checkbox"/> 3-point | <input checked="" type="checkbox"/> 3-point | <input type="checkbox"/> 4-point | <input type="checkbox"/> 4-point | <input type="checkbox"/> 5-point | <input type="checkbox"/> 5-point | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------|-------------------------------|-------------------------------|-----------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Used                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |      |                               |                               |                                   |                                   |                                             |                                             |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> None                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |      |                               |                               |                                   |                                   |                                             |                                             |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Lap only                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |      |                               |                               |                                   |                                   |                                             |                                             |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> 3-point                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |      |                               |                               |                                   |                                   |                                             |                                             |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <input type="checkbox"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> 4-point                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |      |                               |                               |                                   |                                   |                                             |                                             |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <input type="checkbox"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> 5-point                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |      |                               |                               |                                   |                                   |                                             |                                             |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Unknown                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |      |                               |                               |                                   |                                   |                                             |                                             |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input checked="" type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                                                                                                                                                                                                               | <b>Medical Certificate Validity</b><br><input checked="" type="checkbox"/> Without limitations/waivers <input type="checkbox"/> Unknown<br><input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A<br><input type="checkbox"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                |      |                               |                               |                                   |                                   |                                             |                                             |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |
| <b>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input checked="" type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                       | <b>Medical Certificate</b><br><input type="checkbox"/> None <input checked="" type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Date of Last Medical</b><br><u>04/22/2021</u><br>mm/dd/yyyy |      |                               |                               |                                   |                                   |                                             |                                             |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                           |

### Medical Certificate Limitations

### Medical Certificate Special Issuance

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** 05/15/2021  
 mm/dd/yyyy

### Flight Review Aircraft

Make: Citabria  
 Model: 7ECA

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

### Type Ratings

### Student Endorsements (Include dates)

| Flight Time (Enter appropriate number of hours in each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air |
|-------------------------------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|
|                                                             |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |
| Total Time                                                  | 560          | 45                | 560                    |                      |       |            |           |            |        |                  |
| Pilot in Command (PIC)                                      | 520          | 45                | 520                    |                      |       |            |           |            |        |                  |
| Time as Instructor                                          |              |                   |                        |                      |       |            |           |            |        |                  |
| This Make/Model                                             |              |                   |                        |                      |       |            |           |            |        |                  |
| Last 90 Days                                                | 37           |                   |                        |                      |       |            |           |            |        |                  |
| Last 30 Days                                                | 6            |                   |                        |                      |       |            |           |            |        |                  |
| Last 24 Hours                                               | 1.2          |                   |                        |                      |       |            |           |            |        |                  |

## "FLIGHT CREWMEMBER 2" INFORMATION

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

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

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

### "Flight Crewmember 2" Identification

First Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Country: \_\_\_\_\_  
 Age at time of Accident/Incident: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yyyy  
 Certificate Number: \_\_\_\_\_

| <b>Degree of Injury</b><br><input type="checkbox"/> None <input type="checkbox"/> Fatal<br><input type="checkbox"/> Minor <input type="checkbox"/> Unknown<br><input type="checkbox"/> Serious                                                                                                                                                                                                                                                                                   | <b>Seat Occupied</b><br><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Unknown<br><input type="checkbox"/> Right <input type="checkbox"/> Rear<br><input type="checkbox"/> Center <input type="checkbox"/> Single           | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th style="text-align: left;">Available</th> <th style="text-align: left;">Used</th> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Lap only</td> <td><input type="checkbox"/> Lap only</td> </tr> <tr> <td><input type="checkbox"/> 3-point</td> <td><input type="checkbox"/> 3-point</td> </tr> <tr> <td><input type="checkbox"/> 4-point</td> <td><input type="checkbox"/> 4-point</td> </tr> <tr> <td><input type="checkbox"/> 5-point</td> <td><input type="checkbox"/> 5-point</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> | Available                                       | Used | <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> Lap only | <input type="checkbox"/> Lap only | <input type="checkbox"/> 3-point | <input type="checkbox"/> 3-point | <input type="checkbox"/> 4-point | <input type="checkbox"/> 4-point | <input type="checkbox"/> 5-point | <input type="checkbox"/> 5-point | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------|-------------------------------|-------------------------------|-----------------------------------|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Available                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Used                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |      |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> None                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |      |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> Lap only                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Lap only                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |      |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> 3-point                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> 3-point                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |      |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> 4-point                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> 4-point                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |      |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> 5-point                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> 5-point                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |      |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Unknown                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |      |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |                                                                                                                                                                                                                                                                    | <b>Medical Certificate Validity</b><br><input type="checkbox"/> Without limitations/waivers <input type="checkbox"/> Unknown<br><input type="checkbox"/> With limitations/waivers <input type="checkbox"/> N/A<br><input type="checkbox"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |      |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |
| <b>Principal Occupation</b><br><input type="checkbox"/> Pilot<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                              | <b>Medical Certificate</b><br><input type="checkbox"/> None <input type="checkbox"/> Class 3<br><input type="checkbox"/> Class 1 <input type="checkbox"/> Driver's License (Sport Pilot only)<br><input type="checkbox"/> Class 2 <input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Date of Last Medical</b><br>_____ mm/dd/yyyy |      |                               |                               |                                   |                                   |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                  |                                                                                                                                                                                                                                |

### Medical Certificate Limitations

### Medical Certificate Special Issuance

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

### Flight Review Aircraft

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

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

### Type Ratings

### Student Endorsements *(Include dates)*

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

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                |                                                                                                                                                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                      |                                                                                                                                                                           | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   | <b>Injury</b>                                                                                                                                                                                                                  |                                                                                                                                                                            |  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                      |                                                                                                                                                                           | <input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Center <input type="checkbox"/> Rear<br><input type="checkbox"/> Right <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                   | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown                                                      |                                                                                                                                                                            |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  |  |                                                                                                                                                      |                                                                                                                                                                           | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="checkbox"/> None <input type="checkbox"/> None<br><input type="checkbox"/> Lap Only <input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point <input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point <input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point <input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown <input type="checkbox"/> Unknown |                                                                                                                                                                                                                                   | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                            |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                   |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                            |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                |                                                                                                                                                                            |  |
| <b>Crew Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                      |                                                                                                                                                                           | <b>Seat Occupied</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   | <b>Injury</b>                                                                                                                                                                                                                  |                                                                                                                                                                            |  |
| First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                      |                                                                                                                                                                           | <input type="checkbox"/> Left <input type="checkbox"/> Front<br><input type="checkbox"/> Center <input type="checkbox"/> Rear<br><input type="checkbox"/> Right <input type="checkbox"/> Single<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                   | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown                                                      |                                                                                                                                                                            |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer |  |  |                                                                                                                                                      |                                                                                                                                                                           | <b>Restraint Type:</b><br><b>Available</b> <b>Used</b><br><input type="checkbox"/> None <input type="checkbox"/> None<br><input type="checkbox"/> Lap Only <input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point <input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point <input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point <input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown <input type="checkbox"/> Unknown |                                                                                                                                                                                                                                   | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |                                                                                                                                                                            |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                   |  |  | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                            |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                |                                                                                                                                                                            |  |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                      |                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                |                                                                                                                                                                            |  |
| <b>Name and Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  | <b>Seat</b>                                                                                                                                          | <b>Injury</b>                                                                                                                                                             | <b>Restraint Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   | <b>Inflatable Restraints</b>                                                                                                                                                                                                   | <b>Age</b>                                                                                                                                                                 |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other                                                                                                                                                                                                                                                     |  |  | <input type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____ | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                           | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other                                                                                                                                                                                                                                                     |  |  | <input type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____ | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                           | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other                                                                                                                                                                                                                                                     |  |  | <input type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____ | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                           | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |  |
| First Name: _____ City : _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other                                                                                                                                                                                                                                                     |  |  | <input type="checkbox"/> Left<br><input type="checkbox"/> Center<br><input type="checkbox"/> Right<br><input type="checkbox"/> Unknown<br>Row: _____ | <input type="checkbox"/> None<br><input type="checkbox"/> Minor<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Unknown | <b>Available</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                           | <b>Used</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Lap Only<br><input type="checkbox"/> 3-point<br><input type="checkbox"/> 4-point<br><input type="checkbox"/> 5-point<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown                                 | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |  |

## FLIGHT ITINERARY INFORMATION

|                                                                                                                             |                                                                       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Last Departure Point</b><br>Airport ID: <u>PAFA</u><br>City: <u>Fairbanks</u><br>State: <u>AK</u><br>Country: <u>USA</u> | <b>Time of Departure</b><br>Time: <u>1220</u><br>Time Zone: <u>AK</u> | <b>Destination</b><br>Airport ID: <u>Art Z</u><br>City: <u>n/a</u><br>State: <u>AK</u><br>Country: <u>USA</u> | <b>Type Flight Plan Filed</b><br><input type="checkbox"/> None <input type="checkbox"/> VFR/IFR<br><input type="checkbox"/> Company VFR <input type="checkbox"/> IFR<br><input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown<br><input checked="" type="checkbox"/> VFR<br>Activated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Type of ATC Clearance/Service (Check all that apply)

|                                         |                                      |                                      |                                                      |                                       |
|-----------------------------------------|--------------------------------------|--------------------------------------|------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> None           | <input type="checkbox"/> Special VFR | <input type="checkbox"/> Special IFR | <input type="checkbox"/> VFR Flight Following        | <input type="checkbox"/> Cruise       |
| <input checked="" type="checkbox"/> VFR | <input type="checkbox"/> IFR         | <input type="checkbox"/> VFR On Top  | <input checked="" type="checkbox"/> Traffic Advisory | <input type="checkbox"/> Unknown / NA |

### Airspace where the accident/incident occurred (Check all that apply)

|                                             |                                          |                                                         |                                                   |                                                               |
|---------------------------------------------|------------------------------------------|---------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Class A            | <input type="checkbox"/> Class G         | <input type="checkbox"/> Military Operations Area (MOA) | <input type="checkbox"/> Special                  | <b>Altitude of In-Flight Occurrence:</b><br><u>750</u> ft msl |
| <input type="checkbox"/> Class B            | <input type="checkbox"/> Demo Area       | <input type="checkbox"/> Airport Advisory Area          | <input type="checkbox"/> Air Traffic Control Area |                                                               |
| <input type="checkbox"/> Class C            | <input type="checkbox"/> Warning Area    | <input type="checkbox"/> Jet Training Area              | <input type="checkbox"/> Unknown                  |                                                               |
| <input type="checkbox"/> Class D            | <input type="checkbox"/> Prohibited Area | <input type="checkbox"/> TRSA                           |                                                   |                                                               |
| <input checked="" type="checkbox"/> Class E | <input type="checkbox"/> Restricted Area | <input type="checkbox"/> FAR 93                         |                                                   |                                                               |

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

### Source of Pilot Weather Information

(Check all that apply)

|                                                             |                                              |
|-------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> National Weather Service           | <input type="checkbox"/> Company             |
| <input type="checkbox"/> Flight Service Station             | <input type="checkbox"/> Military            |
| <input type="checkbox"/> TV/Radio                           | <input checked="" type="checkbox"/> Internet |
| <input checked="" type="checkbox"/> Automated Report        | <input type="checkbox"/> None                |
| <input type="checkbox"/> Commercial Weather Service (DUATS) | <input type="checkbox"/> Unknown             |
| <input type="checkbox"/> On-Board Weather                   |                                              |

### Weather Observation Facility

Facility ID: \_\_\_\_\_  
 Observation Time: \_\_\_\_\_  
 Time Zone: \_\_\_\_\_  
 Distance from Accident Site: \_\_\_\_\_ nm  
 Direction from Accident Site: \_\_\_\_\_ degrees true

### Basic Conditions

☒ VMC  
☐ IMC  
☐ Unknown

### Light Condition

☐ Dawn ☐ Dusk ☐ Dark Night ☐ Unknown  
☒ Day ☐ Night ☐ Bright Night

### Sky/Lowest Cloud Condition

☒ Clear ☐ Thin Broken  
☐ Few ☐ Thin Overcast  
☐ Partial Obscuration ☐ Unknown  
☐ Scattered

### Lowest Cloud Condition Height

\_\_\_\_\_ ft agl

### Ceiling

☒ None (Clear) ☐ Obscured  
☐ Broken ☐ Indefinite  
☐ Overcast ☐ Unknown

### Ceiling Height

\_\_\_\_\_ ft agl

Temperature: \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

Dew Point: \_\_\_\_\_ (C) or \_\_\_\_\_ (F)

Altimeter Setting: \_\_\_\_\_ in Hg  
 or \_\_\_\_\_ MB

### Wind Direction

☐ Variable

-or-  
Direction: \_\_\_\_\_ degrees true

### Wind Speed

☒ Calm  
☐ Light and Variable

-or-  
Speed: \_\_\_\_\_ kts

### Wind Gusts

☐ Not Gusting

-or-  
Speed: \_\_\_\_\_ kts

Visibility 10 miles

RVR: \_\_\_\_\_ feet

RVV: \_\_\_\_\_ miles

Density Altitude: \_\_\_\_\_ ft

### Intensity of Precipitation

☐ Light  
☐ Moderate  
☐ Heavy  
☒ N/A  
☐ Unknown

### Type of Precipitation (Check all that apply)

|                                          |                                       |                                             |
|------------------------------------------|---------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Drizzle      | <input type="checkbox"/> Freezing Rain      |
| <input type="checkbox"/> Rain            | <input type="checkbox"/> Ice Pellets  | <input type="checkbox"/> Snow Shower        |
| <input type="checkbox"/> Snow            | <input type="checkbox"/> Snow Pellets | <input type="checkbox"/> Ice Pellets Shower |
| <input type="checkbox"/> Hail            | <input type="checkbox"/> Snow Grains  | <input type="checkbox"/> Freezing Drizzle   |
| <input type="checkbox"/> Rain Showers    | <input type="checkbox"/> Ice Crystals |                                             |

### Restriction to Visibility (Check all that apply)

|                                          |                                     |
|------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Fog        |
| <input type="checkbox"/> Blowing Dust    | <input type="checkbox"/> Ground Fog |
| <input type="checkbox"/> Blowing Sand    | <input type="checkbox"/> Haze       |
| <input type="checkbox"/> Blowing Snow    | <input type="checkbox"/> Ice Fog    |
| <input type="checkbox"/> Blowing Spray   | <input type="checkbox"/> Smoke      |
| <input type="checkbox"/> Dust            | <input type="checkbox"/> Unknown    |

### Icing Forecast

| Amount                                   | Type                             |
|------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> N/A     |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Rime    |
| <input type="checkbox"/> Light           | <input type="checkbox"/> Clear   |
| <input type="checkbox"/> Moderate        | <input type="checkbox"/> Mixed   |
| <input type="checkbox"/> Severe          | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Unknown         |                                  |

### Icing Actual

| Amount                                   | Type                             |
|------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> N/A     |
| <input type="checkbox"/> Trace           | <input type="checkbox"/> Rime    |
| <input type="checkbox"/> Light           | <input type="checkbox"/> Clear   |
| <input type="checkbox"/> Moderate        | <input type="checkbox"/> Mixed   |
| <input type="checkbox"/> Severe          | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Unknown         |                                  |

### Turbulence

| Type (Check all that apply)                    | Severity                          |
|------------------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> None       | <input type="checkbox"/> Light    |
| <input type="checkbox"/> Clear Air             | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Terrain-Induced       | <input type="checkbox"/> Severe   |
| <input type="checkbox"/> Convective Turbulence | <input type="checkbox"/> Extreme  |

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

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

- ☐ None      ☒ Substantial  
☐ Minor      ☐ Destroyed  
                 ☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

prop bent, landing gear bent, boot cowl damage, rear spar carrythru damaged, right wing tip damage

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

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

Landing on off-airport dirt strip, full flaps, failed to carry enough power on short final resulting in a high sink rate and a landing hard enough to break the left wheel off which resulted in the gear digging into the dirt and nosing the plane up and striking the right wing tip.

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

Operator/Owner Safety Recommendation

Carry enough power with full flaps to control sink rate in flare

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**Was there Mechanical Malfunction/Failure? ☐ Yes ☒ No

(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

**Total Time/Cycles  
On Part**

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part  
Inspected/Overhauled**

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**

(Convert from pounds, as necessary)

30 Gallons

**Fuel Type**☐ 80/87☐ 115/145☐ Jet B☐ Other, specify \_\_\_\_\_☒ 100 Low Lead☐ Jet A☐ JP8☐ 100/130☐ Jet A-1☐ Automotive**Other Services, if Any, Prior to Departure****EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location**OTHER AIRCRAFT – COLLISION (If air or ground collision occurred, complete this section for other aircraft)****Aircraft Registration Number**

\_\_\_\_\_

**Manufacturer:** \_\_\_\_\_**Model:** \_\_\_\_\_**Damage to Other Aircraft**☐ Destroyed☐ Minor☐ Substantial☐ None**Registered Owner of Other Aircraft**

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

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

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

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

**Pilot of Other Aircraft**

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

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

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

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

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

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

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

**Date of this Report**

08/16/2022

*mm/dd/yyyy*

**Name of Pilot/Operator:** Baltrum, Daniel R

**Signature:** \_\_\_\_\_

-- or -- ☒ Check here to electronically sign this document

**If a Person Other than Pilot/Operator is Filing Report**

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

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

-- or -- ☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

**NTSB Accident/Incident No.**

WPR22LA300

**Reviewed by NTSB Regional Office**

AS-WPR

**Name of Investigator**

Eric M. Gutierrez

**Date Report Received**

8/31/2022