

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Silverhawk Aviation Academy

Fractional Ownership Aircraft: Yes ☐ No ☒

City: Caldwell

State: ID ZIP: 83605

Country: United States

Operator of Aircraft

Name: ~~Caldwell~~ ~~Webster~~

Doing Business As: ~~Caldwell~~ ~~Webster~~

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

Same Address as Registered Owner

City: _____

State: _____ ZIP: _____

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: _____

Airport Identifier: _____

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

Distance From Airport Center: _____ sm

Direction From Airport: _____ degrees true

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 Final Aborted Landing (after touchdown)

Crosswind Unknown

IFR Approach (Check all that apply)

None

ADF/NDB PAR MLS Practice

SDF Sidestep LDA GPS

VOR/TVOR ILS ASR

VOR/DME Localizer Only Visual

TACAN LOC-back course Contact

RNAV Circling

Unknown

VFR Approach (Check all that apply)

None

Traffic Pattern Stop and Go

Straight-In Touch and Go

Valley/Terrain Following Simulated Forced Landing

Go Around Forced Landing

Full Stop Precautionary Landing

Unknown

"FLIGHT CREWMEMBER 1" INFORMATION

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

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

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification

First Name: Parker

City of Residence: Caldwell

Middle Initial: C

State: ID ZIP: 83605

Last Name: Robinson

Country: United States

Age at time of Accident/Incident: 25 Date of Birth: 1997 mm/dd/yyyy

Certificate Number: [REDACTED]

Degree of Injury ☒ None ☐ Minor ☐ Serious ☐ Fatal ☐ Unknown		Seat Occupied ☒ Left ☐ Right ☐ Center ☐ Front ☐ Rear ☐ Single ☐ Unknown		Restraint Type Available ☐ None ☒ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown Used ☐ None ☒ Lap only ☒ 3-point ☐ 4-point ☐ 5-point ☐ Unknown		Inflatable Restraints ☒ Not installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown
Pilot Certificate(s) (Check all that apply) ☒ None ☒ Private ☒ Student ☒ Flight Instructor ☐ Recreational ☐ Sport ☒ Commercial ☐ Airline Transport ☐ Flight Engineer ☐ US Military ☐ Foreign						
Principal Occupation ☒ Pilot ☐ Other ☐ Unknown		Medical Certificate ☐ None ☒ Class 1 ☒ Class 2 ☐ Class 3 ☐ Driver's License (Sport Pilot only) ☐ Unknown		Medical Certificate Validity ☒ Without limitations/waivers ☐ With limitations/waivers ☐ Special Issuance ☐ Unknown ☐ N/A		Date of Last Medical <u>12/27/2022</u> mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 01/27/23
mm/dd/yyyy

Flight Review Aircraft

Make: Robinson

Model: R22 Beta II

Airplane Rating(s) (Check all that apply) ☒ None ☐ Single-Engine Land ☐ Single-Engine Sea ☐ Multiengine Land ☐ Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) ☐ None ☐ Airship ☐ Balloon ☐ Glider ☐ Gyroplane ☒ Helicopter ☐ Powered Lift	Instrument Rating(s) (Check all that apply) ☐ None ☐ Airplane ☒ Helicopter ☐ Powered Lift	Instructor Rating(s) (Check all that apply) ☐ None ☐ Airplane Single-Engine ☐ Airplane Multi-Engine ☐ Gyroplane ☐ Powered Lift ☒ Instrument Airplane ☒ Instrument Helicopter ☐ Helicopter ☐ Glider ☐ Sport
--	---	--	--

Type Ratings

None

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	571.6	391.3	.7		77.5		37.4	570.9		
Pilot in Command (PIC)	523.0	343.4			74.5		32.4	523.0		
Time as Instructor	359.5	239.4			32.0		0	359.5		
This Make/Model					50.6		0			
Last 90 Days	228.8	148.9			18.2		0	228.8		
Last 30 Days	67.8	47.6			8.2		0	67.8		
Last 24 Hours	1.5	1.5			0		0	1.5		

"FLIGHT CREWMEMBER 2" INFORMATION

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

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

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: Karet

City of Residence: Payette

Middle Initial: _____

State: ID ZIP: _____

Last Name: Archie

Country: United States

Age at time of Accident/Incident: 32 Date of Birth: 1991 mm/dd/yyyy

Certificate Number: _____

Degree of Injury

None Minor Fatal Unknown Serious

Seat Occupied

Left Right Front Rear Single Center

Restraint Type

Available Used
None None
Lap only Lap only
3-point 3-point
4-point 4-point
5-point 5-point
Unknown Unknown

Inflatable Restraints

Not Installed
Installed
Not Deployed
Deployed
Unknown

Pilot Certificate(s) (Check all that apply)

None Flight Instructor Commercial US Military
Private Recreational Airline Transport Foreign
Student Sport Flight Engineer

Principal Occupation

Pilot Other Unknown

Medical Certificate

None Class 3
Class 1 Driver's License (Sport Pilot only)
Class 2 Unknown

Medical Certificate Validity

Without limitations/waiver Unknown
With limitations/waivers N/A
Special Issuance

Date of Last Medical

04/12/2022
mm/dd/yyyy

Medical Certificate Limitations

None

Medical Certificate Special Issuance

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

mm/dd/yyyy

Flight Review Aircraft

Make: _____

Model: _____

Airplane Rating(s)

(Check all that apply)

None
Single-Engine Land
Single-Engine Sea
Multiengine Land
Multiengine Sea

Other Aircraft Rating(s)

(Check all that apply)

None
Airship
Balloon
Glider
Gyroplane
Helicopter
Powered Lift

Instrument Rating(s)

(Check all that apply)

None
Airplane
Helicopter
Powered Lift

Instructor Rating(s)

(Check all that apply)

None
Airplane Single-Engine
Airplane Multi-Engine
Gyroplane
Powered Lift

Instrument Airplane
Instrument Helicopter
Helicopter
Glider
Sport

Type Ratings

None

Student Endorsements (Include dates)

R22 SFAR Amendment 12/14/2022
Pre-Solo Aeronautical knowledge 06/03/2023
Private Knowledge Test 06/02/2023
SFAR 73 Part 61 R22 Solo 06/03/2023
Solo within 25 NM 06/03/2023

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	70.4	70.4			3			70.4		
Pilot in Command (PIC)	1.4	1.4						1.4		
Time as Instructor										
This Make/Model										
Last 90 Days	42.3	42.3						42.3		
Last 30 Days	17.1	17.1						17.1		
Last 24 Hours										

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

Crew Name and Address		Seat Occupied	Injury																										
First Name: _____	City of Residence: _____	Left Center Right	None Minor Serious Fatal Unknown																										
Middle Initial: _____	State: _____ ZIP: _____	Front Rear Single Unknown																											
Last Name: _____	Country: _____																												
Pilot Certificate(s) (Check all that apply) <table border="0"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>		None	Flight Instructor	Commercial	US Military	Private	Recreational	Airline Transport	Foreign	Student	Sport	Flight Engineer		Restraint Type: <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap Only</td> <td>Lap Only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap Only	Lap Only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
None	Flight Instructor	Commercial	US Military																										
Private	Recreational	Airline Transport	Foreign																										
Student	Sport	Flight Engineer																											
Available	Used																												
None	None																												
Lap Only	Lap Only																												
3-point	3-point																												
4-point	4-point																												
5-point	5-point																												
Unknown	Unknown																												
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs																											

Crew Name and Address		Seat Occupied	Injury																										
First Name: _____	City of Residence: _____	Left Center Right	None Minor Serious Fatal Unknown																										
Middle Initial: _____	State: _____ ZIP: _____	Front Rear Single Unknown																											
Last Name: _____	Country: _____																												
Pilot Certificate(s) (Check all that apply) <table border="0"> <tr> <td>None</td> <td>Flight Instructor</td> <td>Commercial</td> <td>US Military</td> </tr> <tr> <td>Private</td> <td>Recreational</td> <td>Airline Transport</td> <td>Foreign</td> </tr> <tr> <td>Student</td> <td>Sport</td> <td>Flight Engineer</td> <td></td> </tr> </table>		None	Flight Instructor	Commercial	US Military	Private	Recreational	Airline Transport	Foreign	Student	Sport	Flight Engineer		Restraint Type: <table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap Only</td> <td>Lap Only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap Only	Lap Only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
None	Flight Instructor	Commercial	US Military																										
Private	Recreational	Airline Transport	Foreign																										
Student	Sport	Flight Engineer																											
Available	Used																												
None	None																												
Lap Only	Lap Only																												
3-point	3-point																												
4-point	4-point																												
5-point	5-point																												
Unknown	Unknown																												
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No		Total Flight Time at the Time of this Accident/Incident: _____ hrs																											

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age														
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap Only</td> <td>Lap Only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap Only	Lap Only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Available	Used																		
None	None																		
Lap Only	Lap Only																		
3-point	3-point																		
4-point	4-point																		
5-point	5-point																		
Unknown	Unknown																		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap Only</td> <td>Lap Only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap Only	Lap Only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Available	Used																		
None	None																		
Lap Only	Lap Only																		
3-point	3-point																		
4-point	4-point																		
5-point	5-point																		
Unknown	Unknown																		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap Only</td> <td>Lap Only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap Only	Lap Only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Available	Used																		
None	None																		
Lap Only	Lap Only																		
3-point	3-point																		
4-point	4-point																		
5-point	5-point																		
Unknown	Unknown																		
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	<table border="0"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td>None</td> <td>None</td> </tr> <tr> <td>Lap Only</td> <td>Lap Only</td> </tr> <tr> <td>3-point</td> <td>3-point</td> </tr> <tr> <td>4-point</td> <td>4-point</td> </tr> <tr> <td>5-point</td> <td>5-point</td> </tr> <tr> <td>Unknown</td> <td>Unknown</td> </tr> </table>	Available	Used	None	None	Lap Only	Lap Only	3-point	3-point	4-point	4-point	5-point	5-point	Unknown	Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
Available	Used																		
None	None																		
Lap Only	Lap Only																		
3-point	3-point																		
4-point	4-point																		
5-point	5-point																		
Unknown	Unknown																		

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KEUL</u> City: <u>Caldwell</u> State: <u>ID</u> Country: <u>United States</u>	Time of Departure Time: <u>1322</u> Time Zone: <u>MDT</u>	Destination Airport ID: <u>KEUL</u> City: <u>Caldwell</u> State: <u>ID</u> Country: <u>United States</u>	Type Flight Plan Filed None ☐ VFR/IFR ☐ Company VFR ☒ IFR ☐ Military VFR ☐ Unknown ☐ VFR ☐ Activated? Yes No Unknown
--	--	---	--

Type of ATC Clearance/Service (Check all that apply) None ☒ VFR Special VFR IFR Special IFR VFR On Top VFR Flight Following Traffic Advisory Cruise Unknown / NA				
Airspace where the accident/incident occurred (Check all that apply) Class A ☐ Class B ☒ Class C ☐ Class D ☐ Class E ☐ Class G ☒ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area ☐ Military Operations Area (MOA) ☐ Airport Advisory Area ☐ Jet Training Area ☐ TRSA ☐ FAR 93 ☐ Special Air Traffic Control Area ☐ Unknown ☐ Altitude of In-Flight Occurrence: <u>3100</u> ft msl				

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) National Weather Service ☐ Flight Service Station ☐ TV/Radio ☐ Automated Report ☒ Commercial Weather Service (DUATS) ☐ On-Board Weather ☐	Company Military ☐ Internet ☐ None ☐ Unknown ☐	Weather Observation Facility Facility ID: <u>KEUL</u> Observation Time: <u>13:24</u> Time Zone: <u>MDT</u> Distance from Accident Site: <u>10.5</u> nm Direction from Accident Site: <u>19208</u> degrees true
---	---	--

Basic Conditions VMC ☒ IMC ☐ Unknown ☐	Light Condition Dawn ☐ Dusk ☐ Dark Night ☐ Unknown ☐ Day ☒ Night ☐ Bright Night ☐
Sky/Lowest Cloud Condition Clear ☒ Thin Broken ☐ Few ☐ Thin Overcast ☐ Partial Obscuration ☐ Unknown ☐ Scattered ☐	Ceiling None (Clear) ☒ Obscured ☐ Broken ☐ Indefinite ☐ Overcast ☐ Unknown ☐
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl

Wind Direction Variable ☐ -or- Direction: <u>280</u> degrees true	Wind Speed Calm ☐ Light and Variable ☐ -or- Speed: <u>7</u> kts	Wind Gusts Not Gusting ☒ -or- Speed: <u>0</u> kts	Visibility <u>10</u> miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
--	--	---	--

Intensity of Precipitation Light ☐ Moderate ☐ Heavy ☐ N/A ☐ Unknown ☐	Type of Precipitation (Check all that apply) None ☒ Drizzle ☐ Freezing Rain ☐ Rain ☐ Ice Pellets ☐ Snow Shower ☐ Snow ☐ Snow Pellets ☐ Ice Pellets Shower ☐ Hail ☐ Snow Grains ☐ Freezing Drizzle ☐ Rain Showers ☐ Ice Crystals ☐	Restriction to Visibility (Check all that apply) None ☒ Fog ☐ Blowing Dust ☐ Ground Fog ☐ Blowing Sand ☐ Haze ☐ Blowing Snow ☐ Ice Fog ☐ Blowing Spray ☐ Smoke ☐ Dust ☐ Unknown ☐
--	--	---

Icing Forecast Amount ☒ None ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐	Icing Actual Amount ☒ None ☐ Trace ☐ Rime ☐ Light ☐ Clear ☐ Moderate ☐ Mixed ☐ Severe ☐ Unknown ☐	Turbulence Type (Check all that apply) None ☐ Clear Air ☐ Terrain-Induced ☐ Convective Turbulence ☒ Severity ☒ Light ☐ Moderate ☐ Severe ☐ Extreme ☐
--	--	---

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

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

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

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

Aircraft Explosion

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

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

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 location, services obtained, and intended destination. Provide as much detail as possible.

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

Operator/Owner Safety Recommendation

Better and more safe judgement call. Higher Altitude for autorotation entry.

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)

17.5 Gallons

Fuel Type

80/87

100 Low Lead

100/130

115/145

Jet A

Jet A-1

Jet B

JP8

Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

EVACUATION OF AIRCRAFTWas an emergency evacuation of the aircraft performed? Yes ☐ No ☒

Method of Exit - Describe how the occupants exited and how many occupants evacuated each location

We ~~carefully~~ climbed out of the left side door
self extricated

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

Aircraft Registration Number

N79778Manufacturer: I

Model: _____

Damage to Other Aircraft

Destroyed
SubstantialMinor
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

mm/dd/yyyy

Name of Pilot/Operator

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.

WPR23LA265

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Kristyn Blocher

Date Report Received

7/19/23