

## NATIONAL TRANSPORTATION SAFETY BOARD

### NTSB Form 6120.1

### PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

Email the pilot/operator aircraft accident/incident report to the investigator-in-charge of your accident/incident. If email is not available, mail the report per the instructions below.

If your accident/incident occurred in Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, Pennsylvania, Maryland, Delaware, Virginia, West Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, the District of Columbia, Puerto Rico, or the US Virgin Islands, send the form to: NTSB, ERA, 45065 Riverside Parkway, Ashburn, VA 20147.

If your accident/incident occurred in Ohio, Michigan, Indiana, Wisconsin, Illinois, Minnesota, Iowa, Missouri, Arkansas, Louisiana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Colorado, or New Mexico, send the form to: NTSB, CEN, 4760 Oakland Street, Suite 500, Denver, CO 80239.

If your accident/incident occurred in Montana, Wyoming, Idaho, Utah, Arizona, Nevada, Washington, Oregon, California, Hawaii, or the territories of Guam or American Samoa, send the form to: NTSB, WPR, 505 South 336th Street, Suite 540, Federal Way, WA 98003.

If your accident/incident occurred in Alaska, send the form to: NTSB, ANC, 222 West 7th Avenue, Room 216, Box 11, Anchorage, AK 99513.

Rules pertaining to notification of aircraft accidents and incidents, as well as overdue aircraft are found in 49 Code of Federal Regulations (CFR) Part 830 [http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title49/49cfr830_main_02.tpl). These rules state the authority of the NTSB, define accidents, incidents, injuries, and other terms, and provide procedures for initial and immediate notification of accidents and incidents by aircraft pilots/operators.

#### A. APPLICABILITY

The pilot/operator of an aircraft shall send a report to the office listed above, based on accident/incident location; immediate notification is required by 49 CFR 830.5(a). **The report shall be filed within 10 days after an accident for which notification is required by Section 830.5, or after 7 days if an overdue aircraft is still missing.**

An aircraft accident, as defined in 49 CFR 830.2, is determined as an occurrence that involves a fatality or serious injury, or substantial damage to the aircraft. For occurrences that do not involve a fatality, the determination that the occurrence is an accident can be appealed by writing to the Director, Office of Aviation Safety, NTSB, 490 L'Enfant Plaza, S.W., Washington, D.C. 20594.

#### INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

**It is necessary that ALL questions on this report be answered completely and accurately.**

**If more space is needed, continue on a blank sheet of paper.**

**Nearest City/Place:** Use the name of the nearest community in the state where the accident/incident occurred.

**Date/Time:** Indicate the date and local time of the event. Be sure to indicate the time zone.

**Phase of Operation:** Indicate the phase of operation during which the accident/incident occurred.

**Aircraft Information:** Enter aircraft make and model information as indicated on the aircraft registration certificate, including series. If the involved aircraft is certified as "amateur-built," include the name of the producer of the kit or plans, unless an NTSB employee instructs otherwise.

**Maximum Gross Weight:** Enter the certificated maximum gross weight for the aircraft involved in the occurrence. This should be the same as the maximum gross weight indicated on the aircraft weight and balance documents.

**Engine:** Enter engine make and model information as indicated on the engine data plate.

The NTSB uses this form for aircraft accident prevention activities and for statistical purposes. NTSB regulations (49 CFR Part 830) require that ALL questions be answered completely and accurately. Completion of this form will take approximately 60 minutes. The NTSB does not guarantee the privacy of any information provided in this form. You need not complete this form unless it displays a valid OMB control number, in accordance with 5 C.F.R. § 1320.5(b), which applies to this collection of information.

#### B. DEFINITIONS

1. "Aircraft Accident" means an occurrence associated with the operation of an aircraft that takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, and in which any person suffers death, or serious injury, or in which the aircraft receives substantial damage. For purposes of this form, the definition of "aircraft accident" includes "unmanned aircraft accident," as defined at 49 CFR 830.2.

2. "Substantial Damage" means damage or failure that adversely affects the structural strength, performance or flight characteristics of the aircraft, and that would normally require major repair or replacement of the affected component. NOTE: Engine failure or damage limited to an engine if only one engine fails or is damaged, bent fairing or cowling, dented skin, small puncture holes in the skin or fabric, ground damage to rotor or propeller blades, and damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

4. "Fatal Injury" means any injury that results in death within thirty (30) days of the accident.

5. "Serious Injury" means any injury that (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of fingers, toes, or nose); (3) causes severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

**Type of Fire Extinguishing System:** If a fire extinguishing system was used to fight an aircraft fire, specify the type(s) of extinguishing system(s) used. Examples include handheld extinguisher, engine fire bottle, cargo/baggage compartment fire suppression system, or airport emergency ground equipment.

**Owner/Operator Information:** Enter the owner information as shown on the registration certificate. Commercial operators, enter the operator information, including "doing business as" when applicable, as shown on the operator certificate.

**Revenue Sightseeing Flight:** Indicate whether the accident aircraft was conducting revenue sightseeing operations under 14 CFR Part 91 at the time of the accident.

**Air Medical Flight:** Indicate whether the accident flight was being conducted for the purpose of carrying medical personnel, patient(s), or organs.

**Public Aircraft:** Federal, state or local government flight operations such as official travel, law-enforcement, low-level observation, aerial application, firefighting, search and rescue, biological or geological resource management, or aeronautical research. Indicate whether the flight was conducted by the armed forces, federal, state, or local government.

**Purpose of Flight:** 14 CFR Parts 91, 103, 133, 136, and 137: Indicate the type of operation that was being conducted at the time of the occurrence using the following definitions:

**AERIAL APPLICATION**—Operations using an aircraft to perform aerial application or dispersion of any substance. Examples include agricultural, health, forestry, cloud seeding, firefighting, insect control, etc.

**AERIAL OBSERVATION**—These flights include aerial mapping/photography, patrol, search and rescue, hunting, highway traffic advisory, ranching, surveillance, oil and mineral exploration, criminal pursuit, fish spotting, etc.

**AIR DROP**—Aerial operations, other than aerial application, that are intended to release items in flight.

**AIR RACE/SHOW**—Includes any flight operations conducted as part of an organized air race or public demonstration.

**BUSINESS**—includes all personal flying without a paid professional crew for reasons associated with furthering a business, including transportation to and from business meetings or work. This does not include corporate/executive operations, air taxi, or commuter operations.

**EXECUTIVE/CORPORATE**—Company flying with a paid, professional crew.

**FERRY**—Non-revenue flight under a special flight or "ferry" permit. Refer to 14 CFR 21.197 for details of special flight permit issuance.

**FLIGHT TEST**—Flight for the purpose of investigating the flight characteristics of an aircraft/aircraft component or evaluating an applicant for a pilot certificate or rating.

**INSTRUCTIONAL**—Flying while under the supervision of a flight instructor or receiving air carrier training. Personal proficiency flight operations and personal flight reviews, as required by federal air regulations, are excluded.

**OTHER WORK USE**—Miscellaneous flight operations conducted for compensation or hire such as construction work (not 14 CFR Part 135 operation), parachuting, aerial advertising, towing gliders, etc.

**PERSONAL**—Flying for personal reasons (excludes business transportation) including pleasure or personal transportation. This also includes practice or proficiency flights performed under flight instructor supervision and not part of an approved flight training program.

**POSITIONING**—Non-revenue flight conducted for the primary purpose of relocating the aircraft. Examples include moving the aircraft to a maintenance facility or to load passengers or cargo etc.

**UNKNOWN**—Use only if the primary purpose of flight is not known.

**Other Aircraft—Collision:** For all accidents involving a collision with another aircraft, including parked aircraft, check "Collision with other aircraft" under Basic Information and complete this section indicating details about the OTHER aircraft involved in the collision.

**Airport Information:** Complete this section if the accident/incident occurred on approach, landing, takeoff, departure, or within 3 statute miles of an airport. Please refer to the FAA Airport/Facility Directory or other official source for airport information.

**Airport Identifier:** Provide the official 3 or 4 character airport identifier number.

**Runway:** Indicate the number of the runway used, including L, R, or C if applicable.

**Runway/Landing Surface:** Indicate the type of intended runway/landing surface (do not indicate surface conditions). If the surface type was mixed, check all that apply.

**Condition of Runway/Landing Surface:** Indicate the condition of the intended runway/landing surface. If multiple conditions existed at the time of the accident, check all that apply.

**Weather Information at the Accident/Incident Site:** Indicate the weather conditions reported at the accident/incident site at the time of occurrence. If no weather reporting was available for the accident/incident site, indicate the reported conditions at the nearest reporting site. Specify the weather reporting site identifier, the observation time, and distance from the accident/incident.

**Sky/Lowest Cloud Condition:** Indicate the height above ground level of the lowest cloud condition present at the time of the accident/incident and whether coverage was reported as few, scattered, broken or overcast. Also indicate the height above ground level and coverage of the lowest cloud ceiling present at the time of the accident/incident (reported as broken or overcast).

**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs:** Describe all NOTAMs (distant (D) or Flight Data Center (FDC)), if known, AIRMETs, SIGMETs, and PIREPs in effect near the accident/incident.

**Flight Crewmember Information:** Indicate the category that best describes the capacity served by this flight crewmember at the time of the accident. The designators "Flight Crewmember 1" and "Flight Crewmember 2" do not refer to a specific pilot position or responsibility. If more than one pilot is aboard, they may be entered in any order and their capacity entered as appropriate.

**Degree of Injury:** See Definitions on the top half of Page 1 of the instructions. Minor injury is not defined. If an injury does not meet the criteria for another injury category, select Minor.

**Date of Last Flight Review or Equivalent:** Enter the date of the most recent flight review, or equivalent, completed by this pilot. Refer to 14 CFR 61.56 for accepted equivalents.

**Type Ratings:** List all type ratings on the pilot certificate. If the pilot holds no type ratings indicate "none." If the pilot holds a pilot certificate other than student and was flying an aircraft requiring an endorsement, enter the type and date of any logbook endorsement(s) for that aircraft. See 14 CFR 61 for examples of required endorsements.

**Student Endorsements:** If the pilot holds a student pilot certificate, enter all solo endorsements and dates on the student pilot certificate.

**Flight Time:** Complete the flight time matrix. Solo flight time should be included as "Pilot-in-Command (PIC)" and all dual flight instruction given should be included as "Time as Instructor."

**Additional Flight Crewmembers:** Complete this section if there were more than two required flight crewmembers on the aircraft. This also includes a check airman performing official duties but does not include cabin crew. State the capacity served by each included crewmember at the time of the accident.

**Passenger(s)/Other Personnel:** Enter identification and injury severity information for all passengers, cabin crew, and other personnel involved in the accident. See Page 1 of the instructions for the official definition of injury levels.

Several questions throughout the form allow for multiple responses; when appropriate, choose all responses that apply.

These instructions only pertain to major issue areas covered by NTSB Form 6120.1 *Pilot/Operator Aircraft Accident/Incident Report*. For additional definitions of questions and responses, please refer to [www.ntsb.gov](http://www.ntsb.gov).

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

|                                                                                                                                                                                                                                                                     |  |                                                                                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Accident/Incident Location</b><br>Nearest City/Place: <u>Caldwell</u> State: <u>ID</u><br>ZIP: <u>83605</u> Country: <u>United States</u><br>Latitude: <u>40.6629</u> Longitude: <u>116.6874</u><br><i>(Enter in decimal degrees or degrees:minutes:seconds)</i> |  | <b>Accident/Incident Date/Time</b><br>Date: <u>10/09/2023</u> Local Time: <u>1155</u><br><i>mm/dd/yyyy</i><br>Time Zone: <u>MTW Daylight</u> |  |
| <b>Collision with Other Aircraft:</b> <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None                                                                                                                            |  |                                                                                                                                              |  |

Registration Number: N838SH  
 Manufacturer: Robinson  
 Model: R22 Beta II  
 Serial Number: 3811  
 Year of Manufacture: 2005  
 Amateur-Built: ☐ Yes If Yes: ☐ Kit/Plans Make: \_\_\_\_\_  
                   ☒ No ☐ Original Design

☐ IFR-Equipped and Certified  
☐ Commercial Space Flight  
☐ Unmanned Aircraft

Maximum Gross Weight: 1370 lbs  
 Weight at Time of Accident/Incident: 1305 lbs  
 Number of Seats: 2 Flight Crew Seats: \_\_\_\_\_  
 Cabin Crew Seats: \_\_\_\_\_ Passenger Seats: \_\_\_\_\_  
 Number of Engines: 1

|                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                  |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <b>Category of Aircraft</b><br><input type="radio"/> Airplane<br><input type="radio"/> Balloon<br><input type="radio"/> Blimp/Dirigible<br><input type="radio"/> Glider<br><input type="radio"/> Gyroplane<br><input checked="" type="radio"/> Helicopter<br><input type="radio"/> Powered Lift<br><input type="radio"/> Rocket<br><input type="radio"/> Ultralight<br><input type="radio"/> Unknown | <b>Type of Airworthiness Certificate</b><br><i>(Check all that apply)</i><br><table border="0"> <tr> <td><b>Standard</b></td> <td><b>Special</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Acrobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table><br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> None | <b>Standard</b> | <b>Special</b> | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Restricted | <input type="checkbox"/> Acrobatic | <input type="checkbox"/> Limited | <input type="checkbox"/> Balloon | <input type="checkbox"/> Provisional | <input type="checkbox"/> Commuter | <input type="checkbox"/> Special Flight | <input type="checkbox"/> Transport | <input type="checkbox"/> Experimental | <input type="checkbox"/> Utility | <input type="checkbox"/> Special Light-Sport |  | <input type="checkbox"/> Experimental Light-Sport | <b>Landing Gear</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> Retractable<br><br><input type="checkbox"/> Tricycle<br><input type="checkbox"/> Tailwheel<br><br><input type="checkbox"/> Amphibian<br><input type="checkbox"/> High Skid<br><input type="checkbox"/> Emergency Float<br><input checked="" type="checkbox"/> Skid<br><input type="checkbox"/> Float<br><input type="checkbox"/> Ski<br><input type="checkbox"/> Hull<br><input type="checkbox"/> Ski/Wheel<br><br><input type="checkbox"/> Other Launch/Recovery System<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown | <b>Engine Type</b> <i>(Select one)</i><br><input checked="" type="radio"/> Reciprocating<br><input type="radio"/> Liquid Rocket<br><input type="radio"/> Turbo Shaft<br><input type="radio"/> Solid Rocket<br><input type="radio"/> Turbo Prop<br><input type="radio"/> Hybrid Rocket<br><input type="radio"/> Turbo Jet<br><input type="radio"/> None<br><input type="radio"/> Turbo Fan<br><input type="radio"/> Unknown<br><input type="radio"/> Electric<br><br><b>Fuel System Type</b> <i>(Reciprocating)</i><br><input checked="" type="radio"/> Carburetor<br><input type="radio"/> Fuel-Injected |
| <b>Standard</b>                                                                                                                                                                                                                                                                                                                                                                                      | <b>Special</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                  |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input checked="" type="checkbox"/> Normal                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Restricted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                  |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Acrobatic                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                  |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Balloon                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Provisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                  |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Commuter                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Special Flight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                  |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Transport                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Experimental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                  |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Utility                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Special Light-Sport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                  |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Experimental Light-Sport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                |                                            |                                     |                                    |                                  |                                  |                                      |                                   |                                         |                                    |                                       |                                  |                                              |  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg.<br><i>mm/dd/yyyy</i> | Rated Power<br>● Horsepower or<br>● lbs of Thrust | Total Time (hours) | Time Since:<br>Inspection (hours) | Overhaul (hours) |
|--------|---------------------|---------------------|------------------------------|-----------------------------------|---------------------------------------------------|--------------------|-----------------------------------|------------------|
| Eng. 1 | <i>Lycoming</i>     | <i>O-360-J2A</i>    | <i>L-40484-36A</i>           | <i>04/19/2005</i>                 | <i>145</i>                                        | <i>3337.97</i>     | <i>7.1</i>                        | <i>1989.2</i>    |
| Eng. 2 |                     |                     |                              |                                   |                                                   |                    |                                   |                  |
| Eng. 3 |                     |                     |                              |                                   |                                                   |                    |                                   |                  |
| Eng. 4 |                     |                     |                              |                                   |                                                   |                    |                                   |                  |

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| <p><b>Last Inspection Type</b></p> <p> <input checked="" type="radio"/> 100-Hour      <input type="radio"/> Continuous Airworthiness<br/> <input type="radio"/> AAIP            <input type="radio"/> Conditional Inspection<br/> <input type="radio"/> Annual          <input type="radio"/> Unknown         </p> <p>Date Last Inspection: <u>10/05/2023</u><br/>mm/dd/yyyy</p> <p>Airframe Total Time: <u>10,782.1</u> hrs</p> <p>hours measured at (Select one)</p> <p> <input checked="" type="radio"/> Last Inspection      <input type="radio"/> Time of Accident/Incident         </p> | <p><b>Propeller 1</b></p> <p> <input type="radio"/> Fixed Pitch<br/> <input type="radio"/> Controllable Pitch<br/> <input type="radio"/> Ground Adjustable         </p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p><b>ELT Installed:</b>    <input type="radio"/> Yes    <input checked="" type="radio"/> No</p> <p>If Yes:</p> <p><b>ELT Manufacturer:</b> _____</p> <p><b>Model or Part No.:</b> _____</p> <p><b>TSO No.:</b>    <input type="radio"/> C91 (121.5 MHz)    <input type="radio"/> C91a (121.5 MHz)<br/> <input type="radio"/> C126 (406 MHz)</p> <p><b>Was ELT still mounted in aircraft?</b>    <input type="radio"/> Yes    <input type="radio"/> No</p> <p><b>Was ELT still connected to antenna?</b>    <input type="radio"/> Yes    <input type="radio"/> No</p> <p><b>Did ELT Activate?</b>    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>If activated:</p> <p><b>Did ELT Aid in Locating Aircraft:</b>    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>If not activated:</p> <p><b>Indicate Reason:</b></p> <p> <input type="checkbox"/> Impact Damage<br/> <input type="checkbox"/> Fire Damage<br/> <input type="checkbox"/> Battery Expired/Damaged<br/> <input type="checkbox"/> Unknown         </p> | <p><b>Propeller 2</b></p> <p> <input type="radio"/> Fixed Pitch<br/> <input type="radio"/> Controllable Pitch<br/> <input type="radio"/> Ground Adjustable         </p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p><b>Additional Equipment</b> (Check all that apply)</p> <p> <input checked="" type="checkbox"/> ADS-B<br/> <input type="checkbox"/> Airframe Parachute<br/> <input type="checkbox"/> Angle of Attack Indicator<br/> <input type="checkbox"/> Autopilot<br/> <input type="checkbox"/> Data Recorder<br/> <input type="checkbox"/> Electronic Flight Bag or Handheld Device<br/> <input type="checkbox"/> Electronic Multifunction Display<br/> <input type="checkbox"/> Electronic Primary Flight Display<br/> <input type="checkbox"/> Handheld GPS<br/> <input type="checkbox"/> Heads Up Display<br/> <input type="checkbox"/> Onboard Weather<br/> <input type="checkbox"/> Satellite Tracking Device<br/> <input type="checkbox"/> Stall Warning System<br/> <input type="checkbox"/> Video Recording Device<br/> <input type="checkbox"/> Other, Specify: _____         </p> |
| <p><b>Type of Maintenance Program</b> (Select one)</p> <p> <input type="radio"/> Annual<br/> <input type="radio"/> Conditional (Amateur-built only)<br/> <input type="radio"/> Manufacturer's Inspection Program<br/> <input type="radio"/> Other Approved Inspection Program (AAIP)<br/> <input type="radio"/> Continuous Airworthiness<br/> <input checked="" type="radio"/> Other, specify: <u>Annual/100hr</u> </p> <p><b>Description of Fire Extinguishing System</b></p> <p> <input checked="" type="radio"/> None<br/> <input type="radio"/> Specify: _____         </p>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| OWNER/OPERATOR INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
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| <b>Registered Aircraft Owner</b><br>Name: <u>Silverhawk Aviation Academy</u><br>Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | City: <u>Caldwell</u><br>State: <u>ID</u> ZIP: <u>83605</u><br>Country: <u>United States</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>Operator of Aircraft</b> <input checked="" type="checkbox"/> Same As Registered Owner<br>Name: _____<br>Doing Business As: _____<br>Air Carrier/Operator Designator (4 Character Code): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Same Address as Registered Owner<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Operating Certificates Held</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)<br><input type="checkbox"/> Supplemental<br><input type="checkbox"/> Air Cargo<br><input type="checkbox"/> Foreign Air Carriers (FAR 129)<br><input type="checkbox"/> Rotorcraft External Load (FAR 133)<br><input type="checkbox"/> Commuter Air Carrier (FAR 135)<br><input type="checkbox"/> On-Demand Air Taxi (FAR 135)<br><input type="checkbox"/> Commercial Air Tour (FAR 136)<br><input type="checkbox"/> Agricultural Aircraft (FAR 137)<br><input checked="" type="checkbox"/> Pilot School (FAR 141)<br><input type="checkbox"/> Certificate of Authorization or Waiver (COA)<br><input type="checkbox"/> Commercial Space Transportation Experimental Permit<br><input type="checkbox"/> Commercial Space Transportation License<br><input type="checkbox"/> Other Operator of Large Aircraft | <b>Regulation Flight Conducted Under</b><br><input checked="" type="radio"/> FAR 91 <input type="radio"/> FAR 129 <input type="radio"/> FAR 415<br><input type="radio"/> FAR 103 <input type="radio"/> FAR 133 <input type="radio"/> FAR 431<br><input type="radio"/> FAR 121 <input type="radio"/> FAR 135 <input type="radio"/> FAR 435<br><input type="radio"/> FAR 125 <input type="radio"/> FAR 137 <input type="radio"/> FAR 437<br><input type="radio"/> FAR 91 Special Flight<br><input type="radio"/> Non-US, Commercial<br><input type="radio"/> Non-US, Non-commercial<br><input type="radio"/> Public Aircraft <i>(Select one)</i><br><input type="radio"/> Armed Forces<br><input type="radio"/> Federal<br><input type="radio"/> State<br><input type="radio"/> Local<br><input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Revenue Sightseeing Flight</b><br><input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Revenue Operation for FAR 121, 125, 129, 135</b><br><i>(Select one for each group)</i><br><input type="radio"/> Scheduled or Commuter <input type="radio"/> Domestic<br><input type="radio"/> Non-Scheduled or Air Taxi <input type="radio"/> International<br><input type="radio"/> Passenger<br><input type="radio"/> Cargo<br><input type="radio"/> Mail Contract Only                                                                                                                                                                                                                                                                                                                                            |  |
| <b>Purpose of Flight for FAR 91, 103, 133, 137</b><br><i>(Select one)</i><br><input type="radio"/> Aerial Application <input type="radio"/> Firefighting <input type="radio"/> Unknown<br><input type="radio"/> Aerial Observation <input type="radio"/> Flight Test<br><input type="radio"/> Air Drop <input type="radio"/> Glider Tow<br><input type="radio"/> Air Race/Show <input checked="" type="radio"/> Instructional<br><input type="radio"/> Banner Tow <input type="radio"/> Other Work Use<br><input type="radio"/> Business <input type="radio"/> Personal<br><input type="radio"/> Executive/Corporate <input type="radio"/> Positioning<br><input type="radio"/> External Load <input type="radio"/> Skydiving<br><input type="radio"/> Ferry                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>AIRPORT INFORMATION</b> <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Airport Name: <u>Caldwell Executive Airport</u><br>Airport Identifier: <u>KEUL</u><br>Proximity to Airport: <input type="radio"/> Off Airport/Airstrip <input checked="" type="radio"/> On Airport/Airstrip <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Distance From Airport Center: <u>0</u> sm<br>Direction From Airport: <u>0</u> degrees true<br>Airport Elevation: <u>2431</u> ft. msl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>Runway Information</b><br>Runway ID: <u>12/30</u> (L/R/C) Length: <u>5500</u> ft Width: <u>100</u> ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm<br><input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy<br><input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy<br><input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet<br><input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft<br><input type="checkbox"/> Slush-Covered <input type="checkbox"/> Vegetation <input type="checkbox"/> Unknown |  |
| <b>Runway/Landing Surface</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water<br><input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood<br><input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Approach/Departure Segment</b> <i>(Select one)</i><br><input type="radio"/> Taxi <input type="radio"/> VFR Departure <input type="radio"/> On Instrument Approach <input type="radio"/> Downwind <input type="radio"/> Low Approach<br><input type="radio"/> Takeoff <input type="radio"/> IFR Departure Procedure/Clearance <input checked="" type="radio"/> Landing <input type="radio"/> Base <input type="radio"/> Go Around<br><input type="radio"/> Initial Climb <input type="radio"/> Aborted Landing (after touchdown) <input type="radio"/> Crosswind <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>IFR Approach</b> <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> ADF/NDB <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice<br><input type="checkbox"/> SDF <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input checked="" type="checkbox"/> GPS<br><input type="checkbox"/> VOR/TVOR <input type="checkbox"/> ILS <input type="checkbox"/> ASR<br><input type="checkbox"/> VOR/DME <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual<br><input type="checkbox"/> TACAN <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact<br><input type="checkbox"/> RNAV <input type="checkbox"/> Circling <input type="checkbox"/> Unknown                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>VFR Approach</b> <i>(Check all that apply)</i><br><input type="checkbox"/> None<br><input checked="" type="checkbox"/> Traffic Pattern <input type="checkbox"/> Stop and Go<br><input type="checkbox"/> Straight-In <input type="checkbox"/> Touch and Go<br><input type="checkbox"/> Valley/Terrain Following <input checked="" type="checkbox"/> Simulated Forced Landing<br><input type="checkbox"/> Go Around <input type="checkbox"/> Forced Landing<br><input type="checkbox"/> Full Stop <input type="checkbox"/> Precautionary Landing<br><input type="checkbox"/> Unknown                                                                                                                                   |  |

| <b>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</b><br><input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input checked="" type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
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| <b>"Flight Crewmember 1" was pilot flying</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| <b>"Flight Crewmember 1" Identification</b><br>First Name: <u>Tyler</u><br>Middle Initial: <u>S.S.</u><br>Last Name: <u>Eberhardt</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City of Residence: <u>Lewiston</u><br>State: <u>ID</u> ZIP: <u>83501</u><br>Country: <u>United States</u><br>Age at time of Accident/Incident: <u>26</u> Date of Birth: <u>1996</u> mm/dd/yyyy<br>Certificate Number: <u>                    </u>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                             | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input checked="" type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                      |                        | <b>Restraint Type</b><br><table style="width: 100%;"> <tr> <th>Available</th> <th>Used</th> </tr> <tr> <td> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </td> <td> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </td> </tr> </table> |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Available | Used                                                           | <input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown | <input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> 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="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="radio"/> None<br><input type="radio"/> Lap only<br><input checked="" type="radio"/> 3-point<br><input type="radio"/> 4-point<br><input type="radio"/> 5-point<br><input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input checked="" type="checkbox"/> Flight Instructor <input checked="" 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="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | <b>Date of Last Medical</b><br><u>08/28/2023</u><br>mm/dd/yyyy |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| <b>Principal Occupation</b><br><input checked="" type="radio"/> Pilot<br><input type="radio"/> Other<br><input type="radio"/> Unemployed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown                                                                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Medical Certificate Limitations</b><br><u>N/A</u>                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| <b>Medical Certificate Special Issuance</b><br><u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>05/11/2023</u><br>mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        | <b>Flight Review Aircraft</b><br>Make: <u>Robinson</u><br>Model: <u>R44 Raven 1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input checked="" 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> (Check all that apply)<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 checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                        | <b>Instrument Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         | <b>Instructor Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |           |                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         | <b>Student Endorsements</b> (Include dates)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>926.2</td> <td></td> <td></td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>879.7</td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>707.1</td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>145.1</td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>68.5</td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4.2</td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                |                                                                                                                                                                                                             | 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 |  |  |  |  |  |  |  | 926.2 |  |  | Pilot in Command (PIC) |  |  |  |  |  |  |  | 879.7 |  |  | Time as Instructor |  |  |  |  |  |  |  | 707.1 |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days |  |  |  |  |  |  |  | 145.1 |  |  | Last 30 Days |  |  |  |  |  |  |  | 68.5 |  |  | Last 24 Hours |  |  |  |  |  |  |  | 4.2 |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | 926.2                                                          |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | 879.7                                                          |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | 707.1                                                          |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | 145.1                                                          |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | 68.5                                                           |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | 4.2                                                            |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |       |  |  |                        |  |  |  |  |  |  |  |       |  |  |                    |  |  |  |  |  |  |  |       |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |       |  |  |              |  |  |  |  |  |  |  |      |  |  |               |  |  |  |  |  |  |  |     |  |  |

| "FLIGHT CREWMEMBER 2" INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
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| <b>"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident</b><br><input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| <b>"Flight Crewmember 2" was pilot flying</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| <b>"Flight Crewmember 2" Identification</b><br><div style="display: flex; justify-content: space-between;"> <div>           First Name: <u>Mark</u><br/>           Middle Initial: <u>A</u><br/>           Last Name: <u>Peterson</u> </div> <div>           City of Residence: <u>Meridian</u><br/>           State: <u>10</u>    ZIP: <u>83646</u><br/>           Country: <u>United States</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Age at time of Accident/Incident: <u>32</u></div> <div>Date of Birth: <u>991</u> mm/dd/yyyy</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| Certificate Number: <u>[REDACTED]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| <b>Degree of Injury</b><br><input checked="" type="radio"/> None <input type="radio"/> Fatal<br><input type="radio"/> Minor <input type="radio"/> Unknown<br><input type="radio"/> Serious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              | <b>Seat Occupied</b><br><input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown<br><input type="radio"/> Right <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single                                                                                      |                        | <b>Restraint Type</b><br><div style="display: flex; justify-content: space-between;"> <div> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> <div> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap only<br/> <input checked="" type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown             </div> </div> |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Inflatable Restraints</b><br><input checked="" type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" 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 type="radio"/> Without limitations/waivers <input type="radio"/> Unknown<br><input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A<br><input type="radio"/> Special Issuance                                                                                                                                                                                                                                                                                                                                                                           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Date of Last Medical</b><br><u>mm/dd/yyyy</u>                                                                                                                                                                                          |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| <b>Principal Occupation</b><br><input type="radio"/> Pilot<br><input checked="" type="radio"/> Other<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | <b>Medical Certificate</b><br><input type="radio"/> None <input type="radio"/> Class 3<br><input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only)<br><input checked="" type="radio"/> Class 2 <input type="radio"/> Unknown                                                                         |                        | <b>Medical Certificate Limitations</b><br><u>Must wear corrective lenses</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Medical Certificate Special Issuance</b><br><br>                                                                                                                                                                                       |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| <b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>07/13/2023</u> mm/dd/yyyy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                     |                        | <b>Flight Review Aircraft</b><br>Make: <u>Robinson</u><br>Model: <u>R22 Beta II</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| <b>Airplane Rating(s)</b> (Check all that apply)<br><input checked="" 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> (Check all that apply)<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 checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift |                        | <b>Instrument Rating(s)</b> (Check all that apply)<br><input type="checkbox"/> None<br><input type="checkbox"/> Airplane<br><input checked="" type="checkbox"/> Helicopter<br><input type="checkbox"/> Powered Lift                                                                                                                                                                                                                                                                                                                                                                                                               |       | <b>Instructor Rating(s)</b> (Check all that apply)<br><input checked="" type="checkbox"/> None<br><input type="checkbox"/> Airplane Single-Engine<br><input type="checkbox"/> Airplane Multi-Engine<br><input type="checkbox"/> Gyroplane<br><input type="checkbox"/> Powered Lift<br><input type="checkbox"/> Instrument Airplane<br><input type="checkbox"/> Instrument Helicopter<br><input type="checkbox"/> Glider<br><input type="checkbox"/> Sport |                                                                                                                                                                                                                                           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| <b>Type Ratings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | <b>Student Endorsements</b> (Include dates)                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="text-align: left; padding: 2px;">Flight Time (Enter appropriate number of hours in each box)</th> <th rowspan="2" style="padding: 2px;">All Aircraft</th> <th rowspan="2" style="padding: 2px;">This Make &amp; Model</th> <th rowspan="2" style="padding: 2px;">Airplane Single Engine</th> <th rowspan="2" style="padding: 2px;">Airplane Multiengine</th> <th rowspan="2" style="padding: 2px;">Night</th> <th colspan="2" style="padding: 2px;">Instrument</th> <th rowspan="2" style="padding: 2px;">Rotorcraft</th> <th rowspan="2" style="padding: 2px;">Glider</th> <th rowspan="2" style="padding: 2px;">Lighter Than Air</th> </tr> <tr> <th style="padding: 2px;">Actual</th> <th style="padding: 2px;">Simulated</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 2px;">Total Time</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right; padding: 2px;">217</td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Pilot in Command (PIC)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right; padding: 2px;">138</td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Time as Instructor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right; padding: 2px;">0</td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">This Make/Model</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 90 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right; padding: 2px;">14</td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 30 Days</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right; padding: 2px;">7</td><td></td><td></td> </tr> <tr> <td style="text-align: left; padding: 2px;">Last 24 Hours</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right; padding: 2px;">0</td><td></td><td></td> </tr> </tbody> </table> |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |            |        | 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 |  |  |  |  |  |  |  | 217 |  |  | Pilot in Command (PIC) |  |  |  |  |  |  |  | 138 |  |  | Time as Instructor |  |  |  |  |  |  |  | 0 |  |  | This Make/Model |  |  |  |  |  |  |  |  |  |  | Last 90 Days |  |  |  |  |  |  |  | 14 |  |  | Last 30 Days |  |  |  |  |  |  |  | 7 |  |  | Last 24 Hours |  |  |  |  |  |  |  | 0 |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           | 217        |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| Pilot in Command (PIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           | 138        |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| Time as Instructor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           | 0          |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| This Make/Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |            |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| Last 90 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           | 14         |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| Last 30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           | 7          |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |
| Last 24 Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           | 0          |        |                                                             |              |                   |                        |                      |       |                  |  |            |        |                  |        |           |            |  |  |  |  |  |  |  |     |  |  |                        |  |  |  |  |  |  |  |     |  |  |                    |  |  |  |  |  |  |  |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |    |  |  |              |  |  |  |  |  |  |  |   |  |  |               |  |  |  |  |  |  |  |   |  |  |

| ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Crew Name and Address</b><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                                                                                                                                            | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                    |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer           </div> </div> |                                                                                                                                          |                                                                                                                                                            | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div> |                                                                                                                                                                                                | <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><br>First Name: _____ City of Residence: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                                                                                                                                            | <b>Seat Occupied</b><br><input type="radio"/> Left <input type="radio"/> Front<br><input type="radio"/> Center <input type="radio"/> Rear<br><input type="radio"/> Right <input type="radio"/> Single<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | <b>Injury</b><br><input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                    |  |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None    <input type="checkbox"/> Flight Instructor<br/> <input type="checkbox"/> Private    <input type="checkbox"/> Recreational<br/> <input type="checkbox"/> Student    <input type="checkbox"/> Sport           </div> <div> <input type="checkbox"/> Commercial    <input type="checkbox"/> US Military<br/> <input type="checkbox"/> Airline Transport    <input type="checkbox"/> Foreign<br/> <input type="checkbox"/> Flight Engineer           </div> </div> |                                                                                                                                          |                                                                                                                                                            | <b>Restraint Type:</b><br><div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div> |                                                                                                                                                                                                | <b>Inflatable Restraints</b><br><input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown |  |
| <b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                          |                                                                                                                                                            | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                |                                                                                                                                                                                                                                |  |
| PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                |                                                                                                                                                                                                                                |  |
| Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Seat                                                                                                                                     | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Inflatable Restraints                                                                                                                                                                          | Age                                                                                                                                                                                                                            |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div>                           | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                              |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div>                           | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                              |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div>                           | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                              |  |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ ZIP: _____<br>Last Name: _____ Country: _____<br><div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="radio"/> Crew    <input type="radio"/> Passenger    <input type="radio"/> Other           </div>                                                                                                                                                                                                                                                                                                          | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <div style="display: flex;"> <div style="flex: 1;"> <b>Available</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> <div style="flex: 1;"> <b>Used</b><br/> <input type="radio"/> None<br/> <input type="radio"/> Lap Only<br/> <input type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown           </div> </div>                           | <input type="checkbox"/> Not Installed<br><input type="checkbox"/> Installed<br><input type="checkbox"/> Not Deployed<br><input type="checkbox"/> Deployed<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Under 5 years<br>If Under 5,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown                                                              |  |

| FLIGHT ITINERARY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Last Departure Point</b><br>Airport ID: <u>KEUL</u><br>City: <u>Caldwell</u><br>State: <u>ID</u><br>Country: <u>United States</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Time of Departure</b><br>Time: <u>1150</u><br>Time Zone: <u>MTW Daylight</u>                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Destination</b><br>Airport ID: <u>KEUL</u><br>City: <u>Caldwell</u><br>State: <u>ID</u><br>Country: <u>United States</u>                                                                                                                                                                                                                                                                  |  |
| <b>Type Flight Plan Filed</b><br><input checked="" type="radio"/> None <input type="radio"/> VFR/IFR<br><input type="radio"/> Company VFR <input type="radio"/> IFR<br><input type="radio"/> Military VFR <input type="radio"/> Unknown<br><input type="radio"/> VFR<br>Activated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Type of ATC Clearance/Service (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input type="checkbox"/> VFR Flight Following <input type="checkbox"/> Cruise<br><input type="checkbox"/> VFR <input type="checkbox"/> IFR <input type="checkbox"/> VFR On Top <input type="checkbox"/> Traffic Advisory <input type="checkbox"/> Unknown / NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Airspace where the accident/incident occurred (Check all that apply)</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class G<br/> <input type="checkbox"/> Class B <input type="checkbox"/> Demo Area<br/> <input type="checkbox"/> Class C <input type="checkbox"/> Warning Area<br/> <input type="checkbox"/> Class D <input type="checkbox"/> Prohibited Area<br/> <input type="checkbox"/> Class E <input type="checkbox"/> Restricted Area             </div> <div> <input type="checkbox"/> Military Operations Area (MOA)<br/> <input type="checkbox"/> Airport Advisory Area<br/> <input type="checkbox"/> Jet Training Area<br/> <input type="checkbox"/> TRSA<br/> <input type="checkbox"/> FAR 93             </div> <div> <input type="checkbox"/> Special<br/> <input type="checkbox"/> Air Traffic Control Area<br/> <input type="checkbox"/> Unknown             </div> </div> <b>Altitude of In-Flight Occurrence:</b> <u>2431</u> ft msl |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Source of Pilot Weather Information (Check all that apply)</b><br><input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Company<br><input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military<br><input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet<br><input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> None<br><input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown<br><input type="checkbox"/> On-Board Weather                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Weather Observation Facility</b><br>Facility ID: <u>KEUL</u><br>Observation Time: <u>1110</u><br>Time Zone: <u>MTW Daylight</u><br>Distance from Accident Site: <u>0</u> nm<br>Direction from Accident Site: <u>0</u> degrees true                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Basic Conditions</b><br><input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Light Condition</b><br><input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown<br><input checked="" type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Bright Night                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Sky/Lowest Cloud Condition</b><br><input checked="" type="radio"/> Clear <input type="radio"/> Thin Broken<br><input type="radio"/> Few <input type="radio"/> Thin Overcast<br><input type="radio"/> Partial Obscuration<br><input type="radio"/> Scattered<br><b>Lowest Cloud Condition Height</b><br>_____ ft agl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Ceiling</b><br><input checked="" type="radio"/> None (Clear) <input type="radio"/> Obscured<br><input type="radio"/> Broken <input type="radio"/> Indefinite<br><input type="radio"/> Overcast <input type="radio"/> Unknown<br><b>Ceiling Height</b><br>_____ ft agl                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Temperature:</b> <u>23</u> (C) or _____ (F)<br><b>Dew Point:</b> <u>08</u> (C) or _____ (F)<br><b>Altimeter Setting:</b> <u>29.81</u> in. Hg<br>or _____ MB                                                                                                                                                                                                                               |  |
| <b>Wind Direction</b><br><input type="checkbox"/> Variable<br>-OR-<br>Direction: <u>120</u> degrees true                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Wind Speed</b><br><input type="checkbox"/> Calm<br><input type="checkbox"/> Light and Variable<br>-OR-<br>Speed: <u>5</u> kts                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Wind Gusts</b><br><input checked="" type="checkbox"/> Not Gusting<br>-OR-<br>Speed: _____ kts                                                                                                                                                                                                                                                                                                               | <b>Visibility</b> <u>10</u> miles<br>RVR: _____ feet<br>RVV: _____ miles<br><b>Density Altitude:</b> _____ ft                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Intensity of Precipitation</b><br><input type="radio"/> Light<br><input type="radio"/> Moderate<br><input type="radio"/> Heavy<br><input checked="" type="radio"/> N/A<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Type of Precipitation (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain<br><input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower<br><input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower<br><input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle<br><input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals |                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Restriction to Visibility (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Fog<br><input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog<br><input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze<br><input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog<br><input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke<br><input type="checkbox"/> Dust <input type="checkbox"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Icing Forecast</b><br><b>Amount</b><br><input checked="" type="radio"/> None <input type="radio"/> Trace<br><input type="radio"/> Light <input type="radio"/> Moderate<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><b>Type</b><br><input type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Icing Actual</b><br><b>Amount</b><br><input checked="" type="radio"/> None <input type="radio"/> Trace<br><input type="radio"/> Light <input type="radio"/> Moderate<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><b>Type</b><br><input type="radio"/> N/A<br><input type="radio"/> Rime<br><input type="radio"/> Clear<br><input type="radio"/> Mixed<br><input type="radio"/> Unknown |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Turbulence</b><br><b>Type (Check all that apply)</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air<br><input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence<br><b>Severity</b><br><input type="checkbox"/> Light <input type="checkbox"/> Moderate<br><input type="checkbox"/> Severe <input type="checkbox"/> Extreme |  |
| <b>NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><div style="text-align: center; height: 50px; vertical-align: middle;">N/A</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                              |  |

| DAMAGE TO AIRCRAFT AND OTHER PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                             |
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| <b>Aircraft Damage</b><br><input type="radio"/> None <input type="radio"/> Substantial<br><input type="radio"/> Minor <input type="radio"/> Destroyed<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Aircraft Fire</b><br><input type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Fire at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown | <b>Aircraft Explosion</b><br><input type="radio"/> None <input type="radio"/> Both Ground and In-Flight<br><input type="radio"/> In-Flight <input type="radio"/> Explosion at Unknown Time<br><input type="radio"/> On-Ground <input type="radio"/> Unknown |
| <b>Description of Damage to Aircraft and Other Property</b> <i>(Use additional sheet if necessary)</i><br>Rotor blades bend, right door bend and dented, windscreen scratched and slightly out of the frame, horizontal stabilizer bent and dented.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                             |
| NARRATIVE HISTORY OF FLIGHT <i>(Please type or print in ink)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                             |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                             |
| <p>On October 9th, 2023 my student Mark Peterson and I were flying the 1100 to 1300 block in helicopter N838SH, helicopter flight blocks being 2 hours long usually starting at 0500 and continuing throughout the day. The plan for the day was to complete touchdown autorotations (auto), ending with Mark getting his endorsement stating that he has competence and instructional knowledge for straight-in, 180 degree, and touchdown auto-rotations. We were using Taxiway Alpha in the 12 direction at KEUL. The KEUL Metar at the time was KEUL 12005KT 10SM CLR 23/08 A2981 RMK AO2 SLP076. After listening to the KEUL AWOS-3PT the density altitude was 3,800' and wind 11007kts, because of the DA being 3,800' we anticipated having ground run to counteract the thinner air. We started with Mark doing a power recovery auto, entering an auto and rolling the throttle back on in the beginning of the flare, to feel out the air and aircraft. After Mark's power recovery auto, I demonstrated a touchdown auto with power recovered at 200'AGL, essentially doing a full down with engine and rotor RPM at 104%. After demonstrating the maneuver Mark performed it to standard. Next, I took the controls and performed a power recovery auto to again feel out the air and aircraft. Once I was done with the power recovery I then performed a touchdown autorotation. The touchdown auto ended with about 30-40' of ground run in an attempt to have a buffer in the touchdown. After demonstrating the touchdown auto it was Mark's turn to become competent in the maneuver. Mark did four touchdown autos. The first one, 63 knots as we went into the flare with rotor RPM's at 105%, was on the centerline, and landed a small amount of left skid low. At this time we noticed the wind had shifted to 150 degrees and still around 5 knots. The second, entered the flare at 60 knots and 104%, was exactly on the centerline, skids level with enough cushion and about 30' of ground run. The third ended the same as the second but entered the flare with 65 knots and 98% rotor RPM. After both previous autos I commented how exact we were on the centerline when we came to a stop. The fourth auto, entered the flare right at 65 knots and 104% rotor RPM, everything was smooth in the flare and on the centerline. Rotor RPM still at 104% we leveled and cushioned the landing. Once on the ground with the throttle still in the detent spring, to not allow for a spike in the engine RPM due to the correlator, our ground run started to drift to the left of the taxiway. As our airspeed was slowing our left skid drifted off of the taxiway, causing the aircraft to pivot off that contact point on the gravel, with some forward momentum and no thrust being provided to the main rotor or the tail rotor due to the nature of a touchdown auto, the aircraft started to roll over its right skid. Now in a state of rollover, we reached our critical angle, full down collective still already applied, at that critical angle the cycle was also applied full left, it rolled until the advancing blade of the main rotor system contacted the ground and the aircraft laid on its right side. Engine and rotor now at a stop Mark and I checked if each other were okay and exited the aircraft while it was laying on its right side.</p> |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                             |

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------|-------------|
| <b>RECOMMENDATION</b> (How could this accident/incident have been prevented?)                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| Operator/Owner Safety Recommendation<br>We could have prevented this accident by doing touchdown autorotations to a wider landing surface, such as the runway at KEUL.                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| <b>MECHANICAL MALFUNCTION/FAILURE</b> (If more space is needed, continue on separate sheet)                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| Was there Mechanical Malfunction/Failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #f2f2f2;"><b>Total Time/Cycles On Part</b></td> </tr> <tr> <td>_____ Hours</td> </tr> <tr> <td>_____ Cycles</td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>Time Since This Part Inspected/Overhauled</b></td> </tr> <tr> <td>_____ Hours</td> </tr> </table>                                                                                                                                                                                                                                                                      | <b>Total Time/Cycles On Part</b>                                                                                                                                    | _____ Hours                                                                                   | _____ Cycles                                                                                 | <b>Time Since This Part Inspected/Overhauled</b> | _____ Hours |
| <b>Total Time/Cycles On Part</b>                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| _____ Hours                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| _____ Cycles                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| <b>Time Since This Part Inspected/Overhauled</b>                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| _____ Hours                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| <b>FUEL &amp; SERVICES INFORMATION</b>                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| Fuel on Board at Last Takeoff<br>(Convert from pounds, as necessary)<br>_____ 12 _____ Gallons                                                                                                                      | <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <b>Fuel Type</b><br/> <input type="radio"/> 80/87<br/> <input checked="" type="radio"/> 100 Low Lead<br/> <input type="radio"/> 100/130         </td> <td style="vertical-align: top;"> <input type="radio"/> 115/145<br/> <input type="radio"/> Jet A<br/> <input type="radio"/> Jet A-1         </td> <td style="vertical-align: top;"> <input type="radio"/> Jet B<br/> <input type="radio"/> JP8<br/> <input type="radio"/> Automotive         </td> <td style="vertical-align: top;"> <input type="radio"/> Other, specify _____         </td> </tr> </table> | <b>Fuel Type</b><br><input type="radio"/> 80/87<br><input checked="" type="radio"/> 100 Low Lead<br><input type="radio"/> 100/130                                   | <input type="radio"/> 115/145<br><input type="radio"/> Jet A<br><input type="radio"/> Jet A-1 | <input type="radio"/> Jet B<br><input type="radio"/> JP8<br><input type="radio"/> Automotive | <input type="radio"/> Other, specify _____       |             |
| <b>Fuel Type</b><br><input type="radio"/> 80/87<br><input checked="" type="radio"/> 100 Low Lead<br><input type="radio"/> 100/130                                                                                   | <input type="radio"/> 115/145<br><input type="radio"/> Jet A<br><input type="radio"/> Jet A-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="radio"/> Jet B<br><input type="radio"/> JP8<br><input type="radio"/> Automotive                                                                        | <input type="radio"/> Other, specify _____                                                    |                                                                                              |                                                  |             |
| Other Services, if Any, Prior to Departure                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| <b>EVACUATION OF AIRCRAFT</b>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| Was an emergency evacuation of the aircraft performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| Method of Exit – Describe how the occupants exited and how many occupants evacuated each location<br><br>Self extraction through the doors                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| <b>OTHER AIRCRAFT – COLLISION</b> (If air or ground collision occurred, complete this section for other aircraft)                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                               |                                                                                              |                                                  |             |
| Aircraft Registration Number<br>_____                                                                                                                                                                               | Manufacturer: _____<br>Model: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Damage to Other Aircraft<br><input type="checkbox"/> Destroyed <input type="checkbox"/> Minor<br><input type="checkbox"/> Substantial <input type="checkbox"/> None |                                                                                               |                                                                                              |                                                  |             |
| Registered Owner of Other Aircraft<br>Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Pilot of Other Aircraft<br>Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>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

10/16/2023  
mm/dd/yyyyName of Pilot/Operator: Tyler EberhardtSignature: [REDACTED]-- 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.

WPR24LA008

Reviewed by NTSB Regional Office

WPR

Name of Investigator

Kristyn Blocher

Date Report Received

10/18/23