

**NATIONAL TRANSPORTATION SAFETY BOARD • PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT** Use this form (Form 6120.1) to report civil and public aircraft accidents and incidents**BASIC INFORMATION****Accident/Incident Location**Nearest City/Place: KWJF State: CAZIP: \_\_\_\_\_ Country: LA

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

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

**Accident/Incident Date/Time**Date: 10/25/2024 Local Time: 12:30  
mm/dd/yyyy HH:MMTime Zone: PDTCollision with Other Aircraft: ☐ Midair ☐ On-ground ☒ None**AIRCRAFT INFORMATION**Registration Number: N805RVManufacturer: DIERENFIELDModel: RV6ASerial Number: 1 KIT NUMBER: 25686Year of Manufacture: 2,272,007Amateur-Built: ☒ Yes ☐ No If Yes: ☐ Original Design ☒ Kit/PlansMake: VANS RV 6A

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

Maximum Gross Weight: 1,800 lbs.Weight at Time of Accident/Incident: 1,672 lbs.Number of Seats: 2 Flight Crew Seats: 2

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

Number of Engines: 1**Category of Aircraft**  
(Select one)

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

**Type of Airworthiness Certificate**  
(Check all that apply)**Standard**

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

**Special**

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

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

**Landing Gear**

(Check all that apply)

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

**Engine Type (Select one)**

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

**Fuel System Type (Reciprocating)**

- ☐
- Carburetor
- ☒
- Fuel Injected

| Engine | Engine Manufacturer | Engine Model/Series | Engine Serial Number | Date of Mfg.<br>(mm/dd/yyyy) | Rated Power<br><input checked="" type="radio"/> Horsepower or<br><input type="radio"/> Lbs. of Thrust | Total<br>Time<br>(hours) | Time Since:<br>Inspection<br>(hours) | Overhaul<br>(hours) |
|--------|---------------------|---------------------|----------------------|------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|---------------------|
| Eng. 1 | LYCOMING            | IO-390              | EL*112-80F           | 08/01/2006                   | 210                                                                                                   | 1,118                    | 3                                    |                     |
| Eng. 2 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 3 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |
| Eng. 4 |                     |                     |                      |                              |                                                                                                       |                          |                                      |                     |

**Last Inspection Type**

- ☐
- 100-Hour
- 
- ☐
- AAIIP
- 
- ☐
- Annual
- 
- ☐
- Continuous Airworthiness
- 
- ☒
- Condition Inspection
- 
- ☐
- Unknown

Date of Last Inspection: 07/01/2024  
mm/dd/yyyyAirframe Total Time: 1,116.2 hrs

Hours measured at (Select one)

- ☒
- Last Inspection
- ☐
- Time of Accident/Incident

**Type of Maintenance Program (Select One)**

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

**Description of Fire Extinguishing System**

- ☒
- None
- 
- ☐
- Specify: \_\_\_\_\_

**Additional Equipment**

- ☒
- ADS-B
- 
- ☐
- Airframe Parachute
- 
- ☐
- Angle of Attack Indicator
- 
- ☒
- Autopilot
- 
- ☐
- Autopilot/FMS, Model: \_\_\_\_\_
- 
- ☐
- Coupled Flight Director
- 
- ☐
- Data Recorder
- 
- ☐
- Device Stall Warning System
- 
- ☒
- Electronic Flight Bag or Handheld Device
- 
- ☒
- Electronic Multifunction Display
- 
- ☒
- Electronic Primary Flight Display
- 
- ☐
- Flight Management System

- ☐
- Handheld GPS
- 
- ☐
- Heads Up Display
- 
- ☐
- Night Vision Goggles
- 
- ☐
- Onboard Weather
- 
- ☒
- Primary Flight Display
- 
- ☐
- SAS, Number of Axes: \_\_\_\_\_ Model: \_\_\_\_\_
- 
- ☐
- Satellite Tracking Device
- 
- ☒
- Stall Warning System
- 
- ☐
- Video Recording Device
- 
- ☐
- Wire Strike Detection
- 
- ☐
- Wire Strike Protection
- 
- ☐
- Other, Specify: \_\_\_\_\_

ELT Installed: ☒ Yes ☐ No If Yes:ELT Manufacturer: UNKModel or Part No.: UNKTSO No.: ☒ C91 (121.5 MHz) ☐ C91a (121.5 MHz)  
☐ C126 (406 MHz)Was ELT still mounted in aircraft? ☒ Yes ☐ NoWas ELT still connected to antenna? ☒ Yes ☐ NoDid ELT activate? ☐ Yes ☒ NoIf activated: Did ELT aid in locating aircraft? ☐ Yes ☐ NoIf not activated: Indicate Reason: ☐ Impact Damage☐ Fire Damage ☐ Battery Expired/Damaged ☒ UnknownPropeller 1 ☐ Fixed Pitch  
☒ Controllable Pitch  
☐ Ground Adjustable

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

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

Propeller 2 ☒ Fixed Pitch  
☐ Controllable Pitch  
☐ Ground Adjustable

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

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

**OWNER/OPERATOR INFORMATION****Registered Aircraft Owner**

Name: MERCHANDISE PROMOTIONS OF AMERICA, LLC  
 City: CHEYENNE State: WY  
 ZIP: 82001-352 Country: USA

Fractional Ownership Aircraft: ☐ Yes ☒ No

**Operator of Aircraft**

☒ The Operator is also the Registered Owner

☐ Same address as Registered Owner

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

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

Air Carrier/Operator Designator (4-character code): \_\_\_\_\_

**Operating Certificates Held**

(Check all that apply)

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

**Regulation Flight Conducted Under**

- ☒ FAR 91 ☐ FAR 129 ☐ FAR 415  
☐ FAR 103 ☐ FAR 133 ☐ FAR 431  
☐ FAR 121 ☐ FAR 135 ☐ FAR 435  
☐ FAR 125 ☐ FAR 137 ☐ FAR 437  
☐ FAR 450  
☐ FAR 91 Special Flight  
☐ Non-US, Commercial  
☐ Non-US, Non-commercial  
☐ Public Aircraft (Select one)  
☐ Armed Forces  
☐ Federal  
☐ State  
☐ Local  
☐ Unknown

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

(Select one for each group)

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

**Purpose of Flight for FAR 91, 103, 133, 137 (Select one)**

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

**Revenue Sightseeing Flight**

☐ Yes ☒ No

**Air Medical Flight**

☐ Yes ☒ No

**AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)**

Airport Name: FOX FIELD LANCASTER, CA

Airport Identifier: KWJF

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

Distance From Airport Center: 3,605.10 sm.

Direction From Airport: 24.00 degrees true

Airport Elevation: 2,351.00 ft. MSL

**Runway Information**

Runway ID: 24 Length: 7,201 ft. Width: 150 ft.

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

- ☒ Asphalt ☐ Grass/Turf ☐ Ice ☐ Snow  
☐ Concrete ☐ Gravel ☐ Macadam ☐ Water  
☐ Dirt ☐ Helideck ☐ Metal/Wood ☐ Unknown  
☐ Elevated Heliport ☐ Helistop ☐ Off-site landing area

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

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

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

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

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

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

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

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

**"FLIGHT CREWMEMBER 1" INFORMATION****"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**

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

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

**"Flight Crewmember 1" Identification**

First Name: RONALD

City of Residence: NEWHALL

Middle Initial: S

State: CA ZIP: 91321

Last Name: MILLER

Country: LA

Age at time of Accident/Incident: 76

Date of Birth:      / 1948 (mm/dd/yyyy)

Certificate Number:     

**Degree of Injury**

☒ None ☐ Serious  
☐ Unknown ☐ Fatal  
☐ Minor

**Seat Occupied**

☒ Left ☐ Front ☐ Unknown  
☐ Right ☐ Rear  
☐ Center ☐ Single

**Restraint Type****Available**

☐ None  
☐ Lap only  
☐ 3-point  
☒ 4-point  
☐ 5-point  
☐ Unknown

**Used**

☐ None  
☐ Lap only  
☐ 3-point  
☒ 4-point  
☐ 5-point  
☐ Unknown

Supplemental Restraint, specify:     

**Inflatable Restraints**

☒ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

**Pilot Certificate(s)** (Check all that apply)

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

**Principal Occupation**

☐ Pilot  
☒ Other  
☐ Unknown

**Medical Certificate**

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

**Medical Certificate Validity**

☒ Without limitations/waivers ☐ Unknown  
☐ With limitations/waivers ☐ N/A  
☐ Special Issuance

**Date of Last Medical**

06/16/2023  
 mm/dd/yyyy

**Medical Certificate Limitations**

NEAR VISION PRESCRIPTION GLASSES REQUIRED

**Medical Certificate Special Limitations****Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal locator beacon(s) (PLB) ☐ Fire resistant gloves  
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other:     

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

02/03/2023  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: VANS RV

Model: RV6A

**Airplane Rating(s)**

(Check all that apply)

☒ Single-Engine Land  
☐ Single-Engine Sea  
☒ Multiengine Land  
☐ Multiengine Sea

**Other Aircraft Rating(s)**

(Check all that apply)

☒ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

**Instrument Rating(s)**

(Check all that apply)

☐ None  
☒ Airplane  
☐ Helicopter  
☐ Powered Lift

**Instructor Rating(s)**

(Check all that apply)

☒ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multiengine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered lift ☐ Sport

**Type Ratings and Applicable Logbook Endorsements****Student Endorsements** (Include dates)

| Flight Time (Enter hours for each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air | Multi-engine Rotorcraft | Tail-wheel |
|----------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|-------------------------|------------|
|                                        |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |                         |            |
| Total Time                             | 3,049        | 89                |                        |                      |       |            |           |            |        |                  |                         |            |
| Pilot in Command (PIC)                 |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Time as Instructor                     |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 90 Days                           | 2            | 2                 |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 30 Days                           |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 24 Hours                          |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |

**"FLIGHT CREWMEMBER 2" INFORMATION****"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident**

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

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

**"Flight Crewmember 2" Identification**

First Name: KARL

City of Residence: VAN NUYS

Middle Initial: \_\_\_\_\_

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

Last Name: FLORINE

Country: USA

Age at time of Accident/Incident: \_\_\_\_\_

Date of Birth: UNK (mm/dd/yyyy)

Certificate Number:                     

**Degree of Injury**

☒ None ☐ Serious  
☐ Unknown ☐ Fatal  
☐ Minor

**Seat Occupied**

☐ Left ☐ Front ☐ Unknown  
☒ Right ☐ Rear  
☐ Center ☐ Single

**Restraint Type****Available**

☐ None  
☐ Lap only  
☐ 3-point  
☒ 4-point  
☐ 5-point  
☐ Unknown

**Used**

☐ None  
☐ Lap only  
☐ 3-point  
☒ 4-point  
☐ 5-point  
☐ Unknown

Supplemental Restraint, specify: \_\_\_\_\_

**Inflatable Restraints**

☐ Not Installed  
☐ Installed  
☐ Not Deployed  
☐ Deployed  
☐ Unknown

**Pilot Certificate(s)** (Check all that apply)

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

**Principal Occupation**

☐ Pilot  
☐ Other  
☐ Unknown

**Medical Certificate**

☐ None ☐ Class 3 ☐ Unknown  
☐ Class 1 ☐ BasicMed  
☐ Class 2 ☐ Driver's License (Sport Pilot Only)

**Medical Certificate Validity**

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

**Date of Last Medical**

\_\_\_\_\_  
 mm/dd/yyyy

**Medical Certificate Limitations****Medical Certificate Special Limitations****Personal Flight Equipment** (Check all that apply)

☐ Fire resistant flight suit ☐ Helmet ☐ Laser protective visor/glasses ☐ Personal Locator Beacon(s) (PLB) ☐ Fire resistant gloves  
☐ Helmet visor ☐ Night vision goggles ☐ Personal flotation ☐ Other: \_\_\_\_\_

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

\_\_\_\_\_  
 mm/dd/yyyy

**Flight Review Aircraft**

Make: \_\_\_\_\_

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

**Airplane Rating(s)**  
(Check all that apply)

☐ Single-Engine Land  
☐ Single-Engine Sea  
☐ Multiengine Land  
☐ Multiengine Sea

**Other Aircraft Rating(s)**  
(Check all that apply)

☐ None  
☐ Airship  
☐ Balloon  
☐ Glider  
☐ Gyroplane  
☐ Helicopter  
☐ Powered Lift

**Instrument Rating(s)**  
(Check all that apply)

☐ None  
☐ Airplane  
☐ Helicopter  
☐ Powered Lift

**Instructor Rating(s)**  
(Check all that apply)

☐ None ☐ Instrument Airplane  
☐ Airplane Single-Engine ☐ Instrument Helicopter  
☐ Airplane Multiengine ☐ Helicopter  
☐ Gyroplane ☐ Glider  
☐ Powered lift ☐ Sport

**Type Ratings and Applicable Logbook Endorsements****Student Endorsements** (Include dates)

| Flight Time (Enter hours for each box) | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument |           | Rotorcraft | Glider | Lighter Than Air | Multi-engine Rotorcraft | Tail-wheel |
|----------------------------------------|--------------|-------------------|------------------------|----------------------|-------|------------|-----------|------------|--------|------------------|-------------------------|------------|
|                                        |              |                   |                        |                      |       | Actual     | Simulated |            |        |                  |                         |            |
| Total Time                             |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Pilot in Command (PIC)                 |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Time as Instructor                     |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| This Make/Model                        |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 90 Days                           |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 30 Days                           |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |
| Last 24 Hours                          |              |                   |                        |                      |       |            |           |            |        |                  |                         |            |

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

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Injury                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____                                                   | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal locator beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                |                                                                            | <b>Restraint Type</b><br><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 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 type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown         </div> </div> Supplemental Restraint, specify:<br>_____ | <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><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                           | <b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |

| Additional Crewmember Information                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | Seat Occupied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Injury                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City of Residence: _____                                                   | <input type="radio"/> Left <input type="radio"/> Rear<br><input type="radio"/> Center <input type="radio"/> Single<br><input type="radio"/> Right <input type="radio"/> Unknown<br><input type="radio"/> Front                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown                                                                     |
| Middle Initial: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: _____ Zip: _____                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |
| Last Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country: _____                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> Personal Locator Beacon(s) (PLB) <input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Helmet visor <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Personal flotation <input type="checkbox"/> Other: _____ |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |
| <b>Pilot Certificate(s)</b> (Check all that apply)<br><input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military<br><input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign<br><input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer                |                                                                            | <b>Restraint Type</b><br><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 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 type="radio"/> 3-point<br/> <input type="radio"/> 4-point<br/> <input type="radio"/> 5-point<br/> <input type="radio"/> Unknown         </div> </div> Supplemental Restraint, specify:<br>_____ | <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><br><br><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.)**

| Number of Passengers _____                                                                                                                                                                                                                                                                                                                                                                                                                                     | Seat                                                                                                                                         | Injury                                                                                                                                                     | Restraint Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Inflatable Restraints                                                                                                                                                                          | Age                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Passenger Information</b><br><br>First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other                                                                                                                                                                                                            | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br><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; justify-content: space-between;"> <div> <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> <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> Supplemental Restraint, specify:<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 | <input type="checkbox"/> Under 5 years<br><br>If under 5 years,<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Lap-Held<br><input type="checkbox"/> Unknown |
| <b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit <input type="checkbox"/> Helmet <input type="checkbox"/> Laser protective visor/glasses <input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves <input type="checkbox"/> Night vision goggles <input type="checkbox"/> Helmet visor <input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ |                                                                                                                                              |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                                                                            |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                 |                                                                                                                                                                                                |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><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<br><b>Supplemental Restraint, specify:</b><br>_____ | <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 | <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 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><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<br><b>Supplemental Restraint, specify:</b><br>_____ | <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 | <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 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |
| First Name: _____ City: _____<br>Middle Initial: _____ State: _____ Zip: _____<br>Last name: _____ Country: _____<br><input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other<br><b>Personal Flight Equipment</b> (Check all that apply)<br><input type="checkbox"/> Fire resistant flight suit<br><input type="checkbox"/> Helmet<br><input type="checkbox"/> Laser protective visor/glasses<br><input type="checkbox"/> PLB<br><input type="checkbox"/> Fire resistant gloves<br><input type="checkbox"/> Night vision goggles<br><input type="checkbox"/> Helmet visor<br><input type="checkbox"/> Personal flotation<br><input type="checkbox"/> Other: _____ | <input type="radio"/> Left<br><input type="radio"/> Center<br><input type="radio"/> Right<br><input type="radio"/> Unknown<br>Row: _____ | <input type="radio"/> None<br><input type="radio"/> Minor<br><input type="radio"/> Serious<br><input type="radio"/> Fatal<br><input type="radio"/> Unknown | <b>Available</b><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<br><b>Supplemental Restraint, specify:</b><br>_____ | <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 | <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 years,<br><input type="radio"/> Child Restraint<br><input type="radio"/> Lap-Held<br><input type="radio"/> Unknown |

### FLIGHT ITINERARY INFORMATION

| Last Departure Point                                                                         | Time of Departure                                                   | Flight Information                                | Destination                                                                                  | Type Flight Plan Filed                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Airport ID: <u>KWJF</u><br>City: <u>LANCASTER</u><br>State: <u>CA</u><br>Country: <u>USA</u> | Time: <u>11:30</u><br><small>HH:MM</small><br>Time Zone: <u>PDT</u> | Flight Number: _____<br>Operating as Flight _____ | Airport ID: <u>KWJF</u><br>City: <u>LANCASTER</u><br>State: <u>CA</u><br>Country: <u>USA</u> | <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<br><input type="radio"/> Unknown |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of ATC Clearance/Service</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Certificate of Authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Special VFR                                                    | <input type="checkbox"/> Special IFR                                                                                                                                                                                                                        | <input type="checkbox"/> VFR Flight Following                             | <input type="checkbox"/> Cruise                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> VFR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> IFR                                                            | <input type="checkbox"/> VFR On Top                                                                                                                                                                                                                         | <input type="checkbox"/> Traffic Advisory                                 | <input checked="" type="checkbox"/> Unknown / NA                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                                                                                                                                                                                                             |                                                                           | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Airspace where the accident/incident occurred</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Class A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Class G                                                        | <input type="checkbox"/> Military Operations Area (MOA)                                                                                                                                                                                                     | <input type="checkbox"/> Special                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Class B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Demo Area                                                      | <input type="checkbox"/> Airport Advisory Area                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Air Traffic Control Area              |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Class C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Warning Area                                                   | <input type="checkbox"/> Jet Training Area                                                                                                                                                                                                                  | <input type="checkbox"/> Unknown                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> Class D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Prohibited Area                                                | <input type="checkbox"/> TRSA                                                                                                                                                                                                                               |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Class E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Restricted Area                                                | <input type="checkbox"/> FAR 93                                                                                                                                                                                                                             |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                                                                                                                                                                                                             | Altitude of In-Flight Occurrence: <u>0</u> ft. MSL                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         |                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Source of Pilot Weather Information</b><br>(Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         | <b>Weather Observation Facility</b>                                                                                                                                                                                                                         |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> National Weather Service<br><input type="checkbox"/> Flight Service Station<br><input type="checkbox"/> TV/Radio<br><input type="checkbox"/> Automated Report<br><input type="checkbox"/> Electronic Flight Bag-Application:<br><input type="checkbox"/> On-Board Weather                                                                                                                                                                                                                                 |                                                                                         | Facility ID: <u>KWJF TOWER ATIS</u><br>Observation Time: <u>10:50</u><br>Time Zone: <u>PDT</u><br>Distance from Accident Site: _____ nm<br>Direction from Accident Site: _____ degrees true                                                                 |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Basic Conditions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         | <b>Lowest Cloud Condition</b>                                                                                                                                                                                                                               |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input checked="" type="radio"/> VMC<br><input type="radio"/> IMC<br><input type="radio"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         | Height: <u>CLEAR</u> ft. AGL<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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         | <b>Ceiling</b>                                                                                                                                                                                                                                              |                                                                           | <b>Ceiling Height</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <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 <input type="radio"/> Unknown<br>Obscuration<br><input type="radio"/> Scattered                                                                                                                                                                                                                                                                                    |                                                                                         | <input checked="" type="radio"/> None (Clear)<br><input type="radio"/> Broken<br><input type="radio"/> Overcast<br><input type="radio"/> Obscured<br><input type="radio"/> Indefinite<br><input type="radio"/> Unknown                                      |                                                                           | _____ ft. AGL<br><br>Temperature: _____ (°C) or _____ (°F)<br>Dewpoint: _____ (°C) or _____ (°F)                                                                                                                                                                                                                                                                                                                                               |
| <b>Altimeter Setting:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Wind Direction</b>                                                                   | <b>Wind Speed</b>                                                                                                                                                                                                                                           | <b>Wind Gusts</b>                                                         | <b>Visibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |
| _____ (Hg), or _____ (mb)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Variable      or <u>25.00</u><br>Direction: _____ degrees true | <input type="checkbox"/> Calm<br><input checked="" type="checkbox"/> Light and Variable<br>or<br>Speed: _____ kts                                                                                                                                           | <input checked="" type="checkbox"/> Not Gusting<br>or<br>Speed: _____ kts | _____ miles<br>RVR: _____ feet<br>RVV: _____ miles<br>Density Altitude: _____ ft.                                                                                                                                                                                                                                                                                                                                                              |
| <b>Type of Precipitation</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         |                                                                                                                                                                                                                                                             |                                                                           | <b>Restriction to Visibility</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                        |
| <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 |                                                                                         |                                                                                                                                                                                                                                                             |                                                                           | <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         | <b>Intensity of Precipitation</b>                                                                                                                                                                                                                           |                                                                           | <b>Icing Actual</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Amount: <input checked="" type="radio"/> None      Type: <input type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown                                                                                                                                                                          |                                                                                         | <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                                                                                       |                                                                           | Amount: <input checked="" type="radio"/> None      Type: <input type="radio"/> N/A<br><input type="radio"/> Trace <input type="radio"/> Rime<br><input type="radio"/> Light <input type="radio"/> Clear<br><input type="radio"/> Moderate <input type="radio"/> Mixed<br><input type="radio"/> Severe <input type="radio"/> Unknown<br><input type="radio"/> Unknown                                                                           |
| <b>Turbulence</b> (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         |                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Type: <input checked="" type="checkbox"/> None      Severity: <input type="checkbox"/> Light<br><input type="checkbox"/> Clean Air <input type="checkbox"/> Moderate<br><input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Severe<br><input type="checkbox"/> Convective <input type="checkbox"/> Extreme<br>Turbulence                                                                                                                                                                                                        |                                                                                         |                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>NOTAMS (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b><br><u>TAXIWAY A-1 OUT OF SERVICE-MAINTANCE. NO FACTOR</u>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         |                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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

- ☐ None                      ☐ Substantial  
☐ Minor                     ☒ Destroyed  
                                  ☐ Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

PROP, ENGINE, RIGHT WING, LEFT WING, UNDERCARRIAGE, OTHER NOT DETERMINABLE DUE TO LOCATION OF AIRCRAFT AND NEED FOR FURTHER TEARDOWN INSPECTION.

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

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

On October 24, 2024 I spoke with my friend and CFI, Karl Florine, and made plans to fly the following day, Friday, October 24, 2024. When Karl and I met at my hangar at KWHP on the morning of October 25, 2024 I explained to Karl that I felt rusty and asked him to keep a close eye out and correct me as he felt necessary. Karl acknowledged the purpose of the flight and we agreed to fly to KWJF.

A review of weather at KWHP, enroute and at KWJF revealed clear skies, calm winds and no adverse condition throughout our planned flight/route as well as our departure arrival airports. Weather was forecasted to remain unchanged through the rest.

Following our conversation, I began my preflight of the aircraft following my written checklist. I noted engine oil at 6 qts, and sufficient fuel for 3.55 flight hours. I noted that my aircraft had been washed, Karl acknowledged washing it. Everything was in order and we departed KWHP for KWJF.

Upon arrival at KWJF we ate breakfast/lunch in the cafe and decided that clear skies and calm winds afforded a good opportunity practice a few takeoffs and landings. After an appropriate preflight we requested taxi instructions. When ready to take runway 24 we requested close traffic, tower replied "left or right traffic, our discretion". We proceed to takeoff and fly right traffic to a full stop. We completed the first circuit without incident and requested taxi back for another circuit, tower approved.

Again tower approved and offered left or right traffic; we flew right traffic. Takeoff and downwind were without incident. Tower cleared me to land and I turned base, monitoring my airspeed and altitude along with ground reference. Turning downwind to base I noted drops of liquid hitting the lens of my sunglasses. This distorted my vision so I removed my sunglasses and tossed them to Karl stating the problem.

Prior to turning final Karl began stating "nose down" repeatedly, my altitude and airspeed looked fine to me but, the statements broke my concentration. However, in an attempt to regain my concentration, I noted 80 kts and full flaps and directed my line of sight to the runway and touchdown. When I noticed I was too low it was too late correct the situation. I felt the main wheel hit as I started to add power to go but, pulled the power back abandoning a go around when the prop hit the runway. At that time I realized a go around would be more dangerous, in my opinion, so I proceeded to attempt to control the situation.

In my mind and pilot knowledge Karl was my instructor/safety pilot at the time of the accident on October 25, 2024. I base that during our pre flight conversation that morning, the fact that we had an ongoing agreement wherein I had prepaid for his CFI and A&P services and he was giving me instruction, as stated above

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

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

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

Total Time/ Cycles On Part

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

Time Since This Part Inspected/Overhauled

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION**

Fuel on Board at Last Takeoff

(Convert from pounds, as necessary)

32.0 Gallons

Fuel Type

☒ 100 Low Lead☐ Automotive☐ Jet A☐ Jet A-1☐ Unleaded AV☐ Other, specify \_\_\_\_\_

Other Services, if any, prior to departure:

**EVACUATION OF AIRCRAFT**Was an emergency evacuation of the aircraft performed? ☐ Yes ☒ No

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

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

Aircraft Registration Number

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

Damage to Other Aircraft:

☐ Destroyed☐ Minor☐ Substantial☐ None

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

Registered Owner of Other Aircraft

Pilot of Other Aircraft

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

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

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

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

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

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

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

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

**ADDITIONAL INFORMATION** (Additional space for answers to any question.)

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

By signing this form, I am consenting to the public release of the information provided herein.

Date of this report:

11/25/2024

mm/dd/yyyy

Name of Pilot/Operator: MERCHANDISE PROMOTIONS OR AMERICA, LLC by F

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

-or- ☒ Check here to electronically sign this document

If a person other than Pilot/Operator is filing this report

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

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

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

-or- ☐ Check here to electronically sign this document

**FOR NTSB USE ONLY**

| NTSB Accident/Incident No. | Reviewed by NTSB AS Division | Name of Investigator | Date Report Received |
|----------------------------|------------------------------|----------------------|----------------------|
| WPR25LA028                 | WPR                          | K Blocher            | 11/26/24             |