

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: Pilots Choice Aviation Inc

Fractional Ownership Aircraft: Yes No

Owner Address

City: Georgetown
State: TX ZIP: 78628
Country: USA

Operator of Aircraft

Same As Registered Owner

Name: Pilots Choice Aviation Inc

Doing Business As: " "

Air Carrier/Operator Designator (4 Character Code): PLCA766B

Operator Address

Same As Registered Owner

City: _____
State: _____ ZIP: _____
Country: _____

Commercial Operating Certificate Held

(Check all that apply)

- None
- Flag Carrier Operating Certificate (121)
- Supplemental
- Air Cargo
- Foreign Air Carriers (129)
- Commuter Air Carrier (135)
- On-Demand Air Taxi (135)
- Large Helicopter (127)
- Rotorcraft External Load (133)
- or -
- Agricultural Aircraft (137)
- Other Operator of Large Aircraft

Regulation Flight Conducted Under

- FAR 91
- FAR 103
- FAR 121
- FAR 125
- FAR 129
- FAR 133
- FAR 135
- FAR 137
- FAR 91 Special Flight
- Non-US, Commercial
- Non-US, Non-commercial
- Armed Forces
- Public Use (select type)
 - Federal
 - State
 - Local
- Unknown

Revenue Operation for FAR 121, 125, 129, 135

- Scheduled or Commuter
- Non-Scheduled or Air Taxi
- Domestic
- International

Cargo Operation

- Passenger
- Cargo
- Mail Contract Only

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

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

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

AIRPORT INFORMATION (If the accident/incident occurred on approach, takeoff or within 3 miles of an airport, complete this section)

Airport Name: _____

Distance From Airport Center: _____ SM

Airport Identifier: _____

Direction From Airport: _____ degrees

Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip NA

Airport Elevation: _____ ft. MSL

Runway Information

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

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

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

Runway/Landing Surface (Check all that apply)

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

Approach Segment (Select one)

- On Instrument Approach
- Crosswind
- Landing
- Downwind
- Base leg
- Low Approach
- Final
- Aborted Landing (after touchdown)
- Go Around
- Unknown

IFR Approach (Check all that apply)

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

VFR Approach (Check all that apply)

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

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident/Incident
 Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew

Pilot "A" Identification
 First Name: _____ City: _____
 Middle Initial: _____ State: _____ ZIP: _____
 Last Name: _____ Country: _____
 Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____
mm/dd/yyyy

Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	Available Restraint Type <input type="radio"/> None <input type="radio"/> 4-point <input type="radio"/> Lap only <input type="radio"/> 5-point <input type="radio"/> 3-point <input type="radio"/> Unknown	Restraint Used <input type="radio"/> None <input type="radio"/> 4-point <input type="radio"/> Lap only <input type="radio"/> 5-point <input type="radio"/> 3-point <input type="radio"/> Unknown
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Pilot Certificate(s) *(Check all that apply)*

<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military	

Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> With limitations/waivers <input type="radio"/> Unknown <input type="radio"/> Special Issuance <input type="radio"/> N/A	Date of Last Medical _____ <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ <i>mm/dd/yyyy</i>	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Free Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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Type Ratings	Student Endorsements <i>(Include dates)</i>
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Flight Time <i>(enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

PILOT "B" INFORMATION

Pilot "B" Responsibilities at the Time of Accident/Incident

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

Pilot "B" Identification

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

Degree of Injury <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	Seat Occupied <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single	Available Restraint Type <input type="radio"/> None <input type="radio"/> 4-point <input type="radio"/> Lap only <input type="radio"/> 5-point <input type="radio"/> 3-point <input type="radio"/> Unknown	Restraint Used <input type="radio"/> None <input type="radio"/> 4-point <input type="radio"/> Lap only <input type="radio"/> 5-point <input type="radio"/> 3-point <input type="radio"/> Unknown
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Pilot Certificate(s) *(Check all that apply)*

- None Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown	Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input type="radio"/> With limitations/waivers <input type="radio"/> Unknown <input type="radio"/> Special Issuance <input type="radio"/> N/A	Date of Last Medical _____ <i>mm/dd/yyyy</i>
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Medical Certificate Limitations

Medical Certificate Waivers

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

Flight Review Aircraft

Make: _____
 Model: _____

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

Student Endorsements *(Include dates)*

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

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="radio"/> None <input type="radio"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Minor <input type="radio"/> Unknown
Last Name: _____	Country: _____	<input type="radio"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Left <input type="checkbox"/> Front
<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial	<input type="checkbox"/> Right <input type="checkbox"/> Rear
<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Center <input type="checkbox"/> Single
<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military
<input type="checkbox"/> Private	<input type="checkbox"/> Foreign	<input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="radio"/> None <input type="radio"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Minor <input type="radio"/> Unknown
Last Name: _____	Country: _____	<input type="radio"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Left <input type="checkbox"/> Front
<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial	<input type="checkbox"/> Right <input type="checkbox"/> Rear
<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Center <input type="checkbox"/> Single
<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military
<input type="checkbox"/> Private	<input type="checkbox"/> Foreign	<input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs

Pilot Name and Address		Degree of Injury
First Name: _____	City: _____	<input type="radio"/> None <input type="radio"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="radio"/> Minor <input type="radio"/> Unknown
Last Name: _____	Country: _____	<input type="radio"/> Serious
Pilot Certificate(s) (Check all that apply)		Seat Occupied
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Left <input type="checkbox"/> Front
<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial	<input type="checkbox"/> Right <input type="checkbox"/> Rear
<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Center <input type="checkbox"/> Single
<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport	<input type="checkbox"/> U.S. Military
<input type="checkbox"/> Private	<input type="checkbox"/> Foreign	<input type="checkbox"/> Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Flight Time at the Time of this Accident/Incident: _____ hrs

PASSENGER(S) / OTHER PERSONNEL (Include flight attendants, continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Shoulder Harness <input type="radio"/> Inflatable <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Shoulder Harness <input type="radio"/> Inflatable <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Shoulder Harness <input type="radio"/> Inflatable <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Shoulder Harness <input type="radio"/> Inflatable <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Shoulder Harness <input type="radio"/> Inflatable <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="radio"/> Child Restraint <input type="radio"/> Lap-Held <input type="radio"/> Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____	Time of Departure Time: _____ Time Zone: _____	Destination Airport ID: _____ City: _____ State: _____ Country: _____	Type Flight Plan Filed <input type="checkbox"/> None <input type="checkbox"/> VFR/IFR <input type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of ATC Clearance/Service (Check all that apply)

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

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

<input type="checkbox"/> Class A	<input type="checkbox"/> Class E	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Special
<input type="checkbox"/> Class B	<input type="checkbox"/> Class G	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> TRSA	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> FAR 93	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Airport Advisory Area		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Weather Information (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS)	<input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> Unknown	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees
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Basic Conditions <input type="checkbox"/> VMC <input type="checkbox"/> IMC	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Day <input type="checkbox"/> Night	<input type="checkbox"/> Dark Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Temperature: _____ (C) or _____ (F) Dew Point: _____ (C) or _____ (F) Altimeter Setting: _____ in. Hg or _____ MB
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Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input type="checkbox"/> Few <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Scattered <input type="checkbox"/> Thin Broken <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Unknown	Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Broken <input type="checkbox"/> Overcast <input type="checkbox"/> Obscured <input type="checkbox"/> Indefinite <input type="checkbox"/> Unknown	Lowest Cloud Condition Height _____ ft AGL
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Wind Direction <input type="checkbox"/> Variable <input type="checkbox"/> Indicated: _____ degrees	Wind Speed <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Velocity: _____ KTS	Wind Gusts <input type="checkbox"/> Not Gusting <input type="checkbox"/> Gusting Velocity: _____ KTS	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> N/A	Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	Restriction to Visibility (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
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Icing Forecast <table style="width:100%;"> <tr> <td style="width:50%;">Amount</td> <td style="width:50%;">Type</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Mixed</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td></td> </tr> </table>	Amount	Type	<input type="checkbox"/> None	<input type="checkbox"/> Rime	<input type="checkbox"/> Trace	<input type="checkbox"/> Clear	<input type="checkbox"/> Light	<input type="checkbox"/> Mixed	<input type="checkbox"/> Moderate		<input type="checkbox"/> Severe		Icing Actual <table style="width:100%;"> <tr> <td style="width:50%;">Amount</td> <td style="width:50%;">Type</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Rime</td> </tr> <tr> <td><input type="checkbox"/> Trace</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> Light</td> <td><input type="checkbox"/> Mixed</td> </tr> <tr> <td><input type="checkbox"/> Moderate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Severe</td> <td></td> </tr> </table>	Amount	Type	<input type="checkbox"/> None	<input type="checkbox"/> Rime	<input type="checkbox"/> Trace	<input type="checkbox"/> Clear	<input type="checkbox"/> Light	<input type="checkbox"/> Mixed	<input type="checkbox"/> Moderate		<input type="checkbox"/> Severe		Turbulence <table style="width:100%;"> <tr> <td style="width:70%;">Type (Check all that apply)</td> <td style="width:30%;">Severity</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Light</td> </tr> <tr> <td><input type="checkbox"/> Clear Air</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td><input type="checkbox"/> In Clouds</td> <td><input type="checkbox"/> Moderate Chop</td> </tr> <tr> <td><input type="checkbox"/> Vicinity of Thunderstorm</td> <td><input type="checkbox"/> Severe</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Extreme</td> </tr> </table>	Type (Check all that apply)	Severity	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate	<input type="checkbox"/> In Clouds	<input type="checkbox"/> Moderate Chop	<input type="checkbox"/> Vicinity of Thunderstorm	<input type="checkbox"/> Severe		<input type="checkbox"/> Extreme
Amount	Type																																					
<input type="checkbox"/> None	<input type="checkbox"/> Rime																																					
<input type="checkbox"/> Trace	<input type="checkbox"/> Clear																																					
<input type="checkbox"/> Light	<input type="checkbox"/> Mixed																																					
<input type="checkbox"/> Moderate																																						
<input type="checkbox"/> Severe																																						
Amount	Type																																					
<input type="checkbox"/> None	<input type="checkbox"/> Rime																																					
<input type="checkbox"/> Trace	<input type="checkbox"/> Clear																																					
<input type="checkbox"/> Light	<input type="checkbox"/> Mixed																																					
<input type="checkbox"/> Moderate																																						
<input type="checkbox"/> Severe																																						
Type (Check all that apply)	Severity																																					
<input type="checkbox"/> None	<input type="checkbox"/> Light																																					
<input type="checkbox"/> Clear Air	<input type="checkbox"/> Moderate																																					
<input type="checkbox"/> In Clouds	<input type="checkbox"/> Moderate Chop																																					
<input type="checkbox"/> Vicinity of Thunderstorm	<input type="checkbox"/> Severe																																					
	<input type="checkbox"/> Extreme																																					

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

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage <input type="checkbox"/> None <input type="checkbox"/> Substantial <input type="checkbox"/> Minor <input type="checkbox"/> Destroyed	Aircraft Fire <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground	Aircraft Explosion <input type="checkbox"/> None <input type="checkbox"/> Both Ground and In-Flight <input type="checkbox"/> In-Flight <input type="checkbox"/> Unknown Origin <input type="checkbox"/> On-Ground
Phase of Operation <input type="checkbox"/> Standing <input type="checkbox"/> Takeoff (incl. initial climb) <input type="checkbox"/> Cruise <input type="checkbox"/> Hover <input type="checkbox"/> Taxi <input type="checkbox"/> Climb <input type="checkbox"/> Maneuvering <input type="checkbox"/> Other <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown		Altitude of In-Flight Occurrence _____ ft MSL

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

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

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

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

Operator/Owner Safety Recommendation

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

Operator/Owner Safety Recommendation

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

_____ Gallons

Fuel Type
 80/87 115/145 JP3 Other, specify _____
 100 Low Lead Jet A JP4
 100/130 Automotive JP5

Other Services, if Any, Prior to Departure

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

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

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

Aircraft Registration Number

Manufacturer: _____

Model: _____

Damage to Other Aircraft
 Destroyed Minor
 Substantial None
Registered Owner of Other Aircraft

Name: _____

City: _____

State: _____ ZIP: _____

Country: _____

Pilot of Other Aircraft

Name: _____

City: _____


State: _____ ZIP: _____

Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report <u>08/07/2014</u> <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature:  <u>President</u> Type or Print Name: <u>Beth Ann Jenkins</u>
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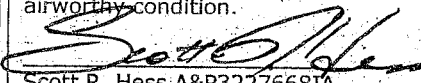
Signature and Name of Person Filing Report if Other than Pilot/Operator
Signature: _____
Type or Print Name: _____
Title: _____


FOR NTSB USE ONLY

NTSB Accident/Incident No. CEN14LA253	Reviewed by NTSB Regional Office DENVER, CO	Name of Investigator ARNOLD W SCOTT	Date Report Received 08/15/14
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Engine Service and Maintenance Record

Installations, Inspections, Airworthiness Directives, Special Inspections, Modifications and Service Bulletins

Date	Total Time		Time Since Last Overhaul		
	Hrs.	Min.	Hrs.	Min.	
Brought Forward	→				
2-1-2014	Tach	5391			Drained Oil and Serviced with 12 Qts of 20w50 oil. Installed new CH48108-1 Oil Filter.
	Tach	5359	97		Checked Compressions #1- $\frac{54}{80}$, #2- $\frac{52}{80}$, #3- $\frac{63}{80}$, #4- $\frac{46}{80}$
	EngTT	1224	47		#5- $\frac{68}{80}$, #6- $\frac{64}{80}$. Cleaned and gapped Spark
	TSMOH	1224	47		Plugs. Cleaned Fuel Injectors,
					C/W Throttle and Mixture control lever Inspection
					CSB08-3B Next due at Tach 5459.97
					Test Ran and leaks checked Good.
					Christopher I certify that this
					Engine has been inspected In accordance
					with a 100 hour and was determined to
					be in an airworthy condition.
					Christopher Yam AP3550736
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>Aircraft: N188DP Date: 1 FEB 2014 TT: 1224.47 SMOH: 1224.47</p> <p>I have inspected this engine in accordance with the scope and detail of Appendix D to FAR Part 43, for an ANNUAL INSPECTION, and find it in airworthy condition.</p> <p style="text-align: center;"></p> <p style="text-align: center;">Scott R. Hess A&P3227668IA</p> </div>					
5-14-14	Tach	5409	17		Drained oil and serviced with 12 Qts of 20w50
	EngTT	1273	67		oil. Installed new CH48108-1 Oil Filter. Cleaned
	TSMOH	1273	67		and gapped spark plugs. Cleaned Fuel injectors.
					Test Ran and leaks checked Good.
					Chris Yam AP3550736

DATE	AIRFRAME TIME IN SERVICE	AVIONICS TIME IN SERVICE	DESCRIPTION OF WORK PERFORMED— SIGNATURE & CERTIFICATE NO. OF PERSON PERFORMING WORK
CENTRAL TEXAS AVIONICS, Inc. 217 CORSAIR DRIVE GEORGETOWN, TEXAS 78628 LOG BOOK ENTRY			HOBBS: 0763.7 S/N: E-1476
DATE: 3/3/2012 MAKE: BEECH			REG. #: N188DP MODEL: A36
WORK PERFORMED: REMOVED THE BENDIX/KING KLN 90B GPS RECEIVER P/N 066-04031-2121 S/N 80955, THE BENDIX/KING KA 92 GPS ANTENNA P/N 071-01553-0200 S/N 01294, THE BENDIX/KING KY 196 VHF COMMUNICATIONS TRANSCEIVER P/N & S/N UNKNOWN, THE BENDIX/KING KN 53 NAVIGATION RECEIVER P/N & S/N UNKNOWN, AND THE K & S ENTERPRISES USA-2 SWITCHING ACCESSORY P/N 1002-011 S/N 220. INSTALLED A GARMIN GTN 650 GPS/SBAS NAVIGATION SYSTEM P/N 011-02256-00 S/N 1Z8010203, A GARMIN GA 35 GPS/WAAS ANTENNA P/N 013-00235-00 S/N 82520, AND AN ICARUS 3000U ALTITUDE SERIALIZER P/N 3230045-3 S/N 5017. THE APPLIANCES IDENTIFIED ABOVE WERE REMOVED IN ACCORDANCE WITH THE CURRENT FEDERAL AVIATION REGULATIONS AND THE MANUFACTURER'S SPECIFICATIONS. THE APPLIANCES IDENTIFIED ABOVE WERE INSTALLED, INSPECTED, AND TESTED IN ACCORDANCE WITH THE GARMIN STC AML (STC # SA02019SE-D). THE AIRCRAFT HAS BEEN FOUND AIRWORTHY FOR RETURN TO SERVICE WITH RESPECT TO THE WORK ACCOMPLISHED. THE WEIGHT AND BALANCE DATA AND EQUIPMENT LIST HAVE BEEN REVISED AS NEEDED TO REFLECT THESE CHANGES. REFERENCE FAA FORM 337 DATED 3/3/2012 AND WORK ORDER # 7999 ON FILE FOR DETAILS OF WORK PERFORMED.			
			 CENTRAL TEXAS AVIONICS FAA REPAIR STATION #: C84R586N

SUMMIT AVIATION

7720C Airport Rd.
 Temple, TX 76504
 CR# G8VR706N
 254 773 9902
 FAX 254 791 3592
 aviation@aol.com

REG. N188DP TOTAL TIME 5037.03
 ATE 7/31/12 WO# 2707
 CERTIFY THAT THE ALTIMETER AND STATIC SYSTEM TESTS AS REQUIRED BY 14CFR 91.411 HAVE BEEN PERFORMED IN ACCORDANCE WITH FAR 43 APPENDIX E, TO 20K FEET.
 CERTIFY THAT THIS TRANSPONDER MAKE King MODEL KT-76A SN 89468
 AS INSTALLED IN THIS AIRCRAFT HAS BEEN TESTED PER 14CFR SECTION 91.413 IN ACCORDANCE WITH FAR 43 APPENDIX F.
 SIGNED [Signature]
 SUMMIT AVIATION 7720-C AIRPORT RD. TEMPLE, TX 76504 CR# G8VR706N

Table I			Table III		
Altitude	Pressure	Tolerance	Reading	Tolerance	Reading
-1000	31.018	20	-1.020		
0	29.921	20	-2.0		
500	29.385	20	4.0		
1,000	28.856	20	9.0		
1,500	28.225	25	14.0	70	2.0
2,000	27.821	30	2.005	70	2.0
3,000	26.817	30	3.000	70	2.0
4,000	25.842	35	4.000		
5,000					
6,000	23.978	40	6.020	70	2.0
8,000	22.225	60	8.050		
10,000	20.577	80	10.050	80	2.0
12,000	19.029	90	12.060		
14,000	17.577	100	14.080		
15,000					
16,000	16.216	110	16.080	90	2.0
18,000	14.942	120	18.100		
20,000	13.75	130	20.150	100	4.0
22,000	12.636	140			
25,000	11.104	155			
30,000	8.885	180		120	
35,000	7.041	205		140	
40,000	5.538	230		160	
45,000	4.355	255		180	
50,000	3.425	280		200	

TEXAS AVIONICS, Inc.
 CORSAIR DRIVE
 GEORGETOWN, TEXAS 78628
G BOOK ENTRY

REG. #: N188DP
 MODEL: A36
 HOBBS: 0330.8
 S/N: E-1476

N 066-1055-XX S/N 2487, THE BENDIX/KING KY 196 VHF COM TRANSCEIVER P/N 064-5-4008-00 S/N 13218, THE BENDIX/KING KI 250 RADAR ALTIMETER INDICATOR P/N 066-5-4008-00 S/N 13218, THE BENDIX/KING KI 250 RADAR ALTIMETER INDICATOR P/N 066-5-4008-00 S/N 13218, THE BENDIX/KING KA 131 RADAR ALTIMETER INDICATOR P/N 4000946-5201 S/N 3919, THE BENDIX ART-161A RADAR AND RADOME FAIRING P/N 4133X, THE SHADIN ALTITUDE ALERTER P/N 8900 S/N 1140, THE FUEL FLOW INDICATOR P/N 912041T-38D S/N 1590, THE RYAN ATS-8000 TCAD DISPLAY P/N 70-1040 S/N 950265, THE RYAN DUAL ANTENNA MODULE P/N 70-1050 S/N 1-1174-00 S/N 1893, THE BENDIX/KING KA 44B ADF ANTENNA P/N 071-1234-00 S/N 1774, THE BENDIX/KING KA 33 COOLING FAN P/N 071-4037-01 S/N J127, AND THE NAT AA80-060

-00401-10 S/N 96294611 AND A GARMIN GNC 255A NAVIGATION / VHF

Test	Tolerance	Reading
Case Leak	100	0.0
1st Hysteresis	75	5.0
2nd Hysteresis	75	2.0
After Effect	30	1.0

Pressure	Difference	Reading
28.1	-1.727	-1.740
28.5	-1.340	-1.350
29	-863	-870
29.5	-392	-400
29.92	0	0
30.5	531	525
30.9	893	890
30.99	974	965

Transponder Make King
 P/N KT-76A
 S/N 89468
 Alt. S/N 5359A-1-A-100
 Enc. S/N 18738
 Enc. S/N 558-120
 Enc. S/N 72169
 Date 7/31/12

Barometric Pressure Start 29.91 End 29.90

AS INSTALLED, INSPECTED, AND TESTED IN ACCORDANCE WITH THE CURRENT SPECIFICATIONS. THE AIRCRAFT HAS BEEN FOUND AIRWORTHY FOR RETURN TO SERVICE WITH RESPECT TO THE WORK ACCOMPLISHED. THE WEIGHT AND BALANCE DATA AND EQUIPMENT LIST HAVE BEEN REVISED AS NEEDED TO REFLECT THESE CHANGES. REFERENCE FAA FORM 337 DATED 3/21/2014 AND WORK ORDER #'S 8840 & 8829 ON FILE FOR DETAILS OF WORK PERFORMED.



CENTRAL TEXAS AVIONICS, Inc.

217 CORSAIR DRIVE
GEORGETOWN, TEXAS 78628
LOG BOOK ENTRY

HOBBS: 0330.8
S/N: E-1476

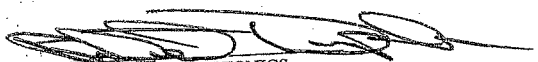
DATE: 3/21/2014
MAKE: BEECH

REG. #: N188DP
MODEL: A36

WORK PERFORMED:

REMOVED AND UPDATED THE GARMIN GTN 650 GPS/SBAS NAVIGATION SYSTEM P/N 011-02256-00 S/N 1Z8010203 MAIN SOFTWARE TO VERSION 5.00 IN ACCORDANCE WITH GARMIN STC SERVICE BULLETIN NUMBER 1374, REVISION A, DATED DECEMBER 18, 2013. REINSTALLED THE GARMIN GTN 650 P/N 011-02256-00 S/N 1Z8010203 IN THE AIRCRAFT, VERIFIED PROGRAMMING, AND REACQUIRED THE ALMANAC AFTER UPDATE. PERFORMED A POST INSTALLATION CHECKOUT OF THE GARMIN GTN 650 GPS/SBAS NAVIGATION SYSTEM AND THE UNIT OPS CHECKED GOOD.

THE APPLIANCE IDENTIFIED ABOVE WAS REMOVED, UPDATED, REINSTALLED, INSPECTED, AND TESTED IN ACCORDANCE WITH THE CURRENT FEDERAL AVIATION REGULATIONS AND THE MANUFACTURER'S SPECIFICATIONS. THE AIRCRAFT HAS BEEN FOUND AIRWORTHY FOR RETURN TO SERVICE WITH RESPECT TO THE WORK ACCOMPLISHED. REFERENCE FAA FORM 337 DATED 3/21/2014 AND WORK ORDER # 8829 ON FILE FOR DETAILS OF WORK PERFORMED.


CENTRAL TEXAS AVIONICS
FAA REPAIR STATION #: C84R586N

CENTRAL TEXAS AVIONICS, Inc.

217 CORSAIR DRIVE
GEORGETOWN, TEXAS 78628
LOG BOOK ENTRY

HOBBS: 0330.8
S/N: E-1476

DATE: 3/21/2014
MAKE: BEECH

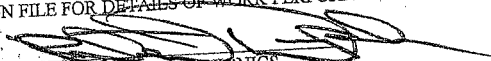
REG. #: N188DP
MODEL: A36

WORK PERFORMED:

REMOVED THE BENDIX/KING KT 76A TRANSPONDER P/N 066-1062-00 S/N 89468 AND THE ICARUS 3000U ALTITUDE SERIALIZER P/N 3230015-3 S/N 5017.
INSTALLED A GARMIN GTX 330 MODE S TRANSPONDER WITH ADS-B OUT P/N 011-00455-60 S/N 84147205.

THE GARMIN GTX 330 MODE S TRANSPONDER S/N 84147205 INSTALLED THIS DATE HAS BEEN TESTED AND INSPECTED IN ACCORDANCE WITH FAR 91.413.

THE APPLIANCES IDENTIFIED ABOVE WERE REMOVED IN ACCORDANCE WITH THE CURRENT FEDERAL AVIATION REGULATIONS AND THE MANUFACTURER'S SPECIFICATIONS. THE APPLIANCES IDENTIFIED ABOVE WERE INSTALLED, INSPECTED, AND TESTED IN ACCORDANCE WITH THE GARMIN INTERNATIONAL STC AML (STC # SA01714WD). THE AIRCRAFT HAS BEEN FOUND AIRWORTHY FOR RETURN TO SERVICE WITH RESPECT TO THE WORK ACCOMPLISHED. THE WEIGHT AND BALANCE DATA AND EQUIPMENT LIST HAVE BEEN REVISED AS NEEDED TO REFLECT THESE CHANGES. REFERENCE FAA FORM 337 DATED 3/21/2014 AND WORK ORDER # 8840 ON FILE FOR DETAILS OF WORK PERFORMED.


CENTRAL TEXAS AVIONICS
FAA REPAIR STATION #: C84R586N

CENTRAL TEXAS AVIONICS, Inc.

217 CORSAIR DRIVE
GEORGETOWN, TEXAS 78628
LOG BOOK ENTRY

HOBBS: 0330.8
S/N: E-1476


DATE: 3/21/2014
MAKE: BEECH

REG. #: N188DP
MODEL: A36

WORK PERFORMED:

INSTALLED AN AP ENTERPRISES, LLC DOOR STEWARD, DOOR ASSIST GAS SPRING MODIFICATION IN ACCORDANCE WITH THE MANUFACTURER'S FAA APPROVED MODEL LIST (AML) FOR STC # SA01120SE.

THE AIRCRAFT HAS BEEN FOUND AIRWORTHY FOR RETURN TO SERVICE WITH RESPECT TO THE WORK ACCOMPLISHED. THE CHANGE TO THE AIRCRAFT WEIGHT AND BALANCE DATA FOR THIS MODIFICATION IS NEGLIGIBLE. REFERENCE FAA FORM 337 DATED 3/21/2014 AND WORK ORDER # 8829 ON FILE FOR DETAILS OF WORK PERFORMED.


CENTRAL TEXAS AVIONICS
FAA REPAIR STATION #: C84R586N