

PILOT "A" INFORMATION																																																																																																				
<b>Pilot "A" Responsibilities at the Time of Accident/Incident</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew																																																																																																				
<b>Pilot "A" Identification</b> First Name: <u>PETER</u> City: <u>GEORGETOWN</u> Middle Initial: <u>N</u> State: <u>TX</u> ZIP: <u>78633</u> Last Name: <u>THIEL</u> Country: <u>USA</u> Age at time of Accident/Incident: <u>46</u> Date of Birth: <span style="background-color: black; color: black;">[REDACTED]</span> Certificate Number: <span style="background-color: black; color: black;">[REDACTED]</span> <small>mm/dd/yyyy</small>																																																																																																				
<b>Degree of Injury</b> <input checked="" type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious			<b>Seat Occupied</b> <input checked="" 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			<b>Available Restraint Type</b> <input type="radio"/> None <input type="radio"/> 4-point <input type="radio"/> Lap only <input type="radio"/> 5-point <input checked="" type="radio"/> 3-point <input type="radio"/> Unknown			<b>Restraint Used</b> <input type="radio"/> None <input type="radio"/> 4-point <input type="radio"/> Lap only <input type="radio"/> 5-point <input checked="" type="radio"/> 3-point <input type="radio"/> Unknown																																																																																											
<b>Pilot Certificate(s)</b> (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 checked="" type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Sport <input type="checkbox"/> Airline Transport <input type="checkbox"/> U.S. Military																																																																																																				
<b>Principal Occupation</b> <input type="radio"/> Pilot <input checked="" type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <input type="radio"/> None <input checked="" 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			<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> Unknown <input type="radio"/> Special Issuance <input type="radio"/> N/A			<b>Date of Last Medical</b> <u>10/17/2012</u> <small>mm/dd/yyyy</small>																																																																																												
<b>Medical Certificate Limitations</b> <u>MUST WEAR CORRECTIVE LENSES.</u>																																																																																																				
<b>Medical Certificate Special Issuance</b>																																																																																																				
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>09/24/2013</u> <small>mm/dd/yyyy</small>				<b>Flight Review Aircraft</b> Make: <u>VANS AIRCRAFT</u> Model: <u>RV-6</u>																																																																																																
<b>Airplane Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea		<b>Other Aircraft Rating(s)</b> (Check all that apply) <input checked="" 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		<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> (Check all that apply) <input checked="" 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																																																																																														
<b>Type Ratings</b> <u>PRIVATE PILOT</u> <u>AIRCRAFT SINGLE ENGINE LAND</u> <u>INSTRUMENT</u>						<b>Student Endorsements</b> (include dates)																																																																																														
<table border="1"> <thead> <tr> <th rowspan="2">Flight Time (enter appropriate number of hours in each box)</th> <th rowspan="2">All Aircraft</th> <th rowspan="2">This Make &amp; Model</th> <th rowspan="2">Airplane Single Engine</th> <th rowspan="2">Airplane Multiengine</th> <th rowspan="2">Night</th> <th colspan="2">Instrument</th> <th rowspan="2">Rotorcraft</th> <th rowspan="2">Glider</th> <th rowspan="2">Lighter Than Air</th> </tr> <tr> <th>Actual</th> <th>Simulated</th> </tr> </thead> <tbody> <tr> <td>Total Time</td> <td>512.9</td> <td>139.2</td> <td>483.8</td> <td>29.1</td> <td>51.4</td> <td>27.8</td> <td>61.5</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Pilot in Command (PIC)</td> <td>436.4</td> <td>136.4</td> <td>436.4</td> <td>0</td> <td>47.1</td> <td>27.8</td> <td>59.2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time as Instructor</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>This Make/Model</td> <td></td> <td></td> <td></td> <td></td> <td>11.7</td> <td>7.8</td> <td>33.8</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 90 Days</td> <td>32.7</td> <td>13.8</td> <td>32.9</td> <td>0</td> <td>1.1</td> <td>1.2</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 30 Days</td> <td>8.2</td> <td>7.8</td> <td>7.8</td> <td>0</td> <td>0</td> <td>0.1</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Last 24 Hours</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	Actual	Simulated	Total Time	512.9	139.2	483.8	29.1	51.4	27.8	61.5	0	0	0	Pilot in Command (PIC)	436.4	136.4	436.4	0	47.1	27.8	59.2				Time as Instructor	0	0	0	0	0	0	0				This Make/Model					11.7	7.8	33.8				Last 90 Days	32.7	13.8	32.9	0	1.1	1.2	0				Last 30 Days	8.2	7.8	7.8	0	0	0.1	0				Last 24 Hours	0	0	0	0	0	0	0			
Flight Time (enter appropriate number of hours in each box)	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air																																																																																										
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Last 24 Hours	0	0	0	0	0	0	0																																																																																													

PILOT "B" INFORMATION										
<b>Pilot "B" Responsibilities at the Time of Accident/Incident</b> <input type="radio"/> Pilot <input type="radio"/> Co-Pilot <input type="radio"/> Student Pilot <input type="radio"/> Flight Instructor <input type="radio"/> Check Pilot <input type="radio"/> Flight Engineer <input type="radio"/> Other Flight Crew										
<b>Pilot "B" Identification</b> First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Age at time of Accident/Incident: _____ Date of Birth: _____ Certificate Number: _____ <small>mm/dd/yyyy</small>										
<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <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			<b>Available Restraint Type</b> <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			<b>Restraint Used</b> <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		
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i> <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										
<b>Principal Occupation</b> <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <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			<b>Medical Certificate Validity</b> <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			<b>Date of Last Medical</b> <small>mm/dd/yyyy</small>		
<b>Medical Certificate Limitations</b>										
<b>Medical Certificate Waivers</b>										
<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <small>mm/dd/yyyy</small>				<b>Flight Review Aircraft</b> Make: _____ Model: _____						
<b>Airplane Rating(s)</b> <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		<b>Other Aircraft Rating(s)</b> <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		<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift		<b>Instructor Rating(s)</b> <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				
<b>Type Ratings</b>						<b>Student Endorsements</b> <i>(Include dates)</i>				
<b>Flight Time</b> <i>(enter appropriate number of hours in each box)</i>	<b>All Aircraft</b>	<b>This Make &amp; Model</b>	<b>Airplane Single Engine</b>	<b>Airplane Multiengine</b>	<b>Night</b>	<b>Instrument</b>		<b>Rotorcraft</b>	<b>Glider</b>	<b>Lighter Than Air</b>
						<b>Actual</b>	<b>Simulated</b>			
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)					
<b>Pilot Name and Address</b>				<b>Degree of Injury</b>	
First Name: _____ City: _____		Middle Initial: _____ State: _____ ZIP: _____		<input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	
Last Name: _____ Country: _____					
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Seat Occupied</b>	
<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				<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single <input type="radio"/> Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs			
<b>Pilot Name and Address</b>				<b>Degree of Injury</b>	
First Name: _____ City: _____		Middle Initial: _____ State: _____ ZIP: _____		<input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	
Last Name: _____ Country: _____					
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Seat Occupied</b>	
<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				<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single <input type="radio"/> Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs			
<b>Pilot Name and Address</b>				<b>Degree of Injury</b>	
First Name: _____ City: _____		Middle Initial: _____ State: _____ ZIP: _____		<input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious	
Last Name: _____ Country: _____					
<b>Pilot Certificate(s) (Check all that apply)</b>				<b>Seat Occupied</b>	
<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				<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single <input type="radio"/> Unknown	
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs			
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)					
Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>VICTORIA</u> City: <u>GEORGETOWN</u> Middle Initial: <u>A</u> State: <u>TX</u> ZIP: <u>75633</u> Last Name: <u>TITEL</u> Country: <u>USA</u> <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input checked="" type="radio"/> Right <input type="radio"/> Unknown Row: <u>RIGHT</u>	<input checked="" 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 checked="" type="radio"/> Shoulder Harness <input type="radio"/> Inflatable <input type="radio"/> Unknown	<input checked="" 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 <input type="checkbox"/> If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: <u>AHLLY</u> City: <u>GEORGETOWN</u> Middle Initial: <u>C</u> State: <u>TX</u> ZIP: <u>75633</u> Last Name: <u>TITEL</u> Country: <u>USA</u> <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input checked="" type="radio"/> Right <input type="radio"/> Unknown Row: <u>7</u>	<input checked="" 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 checked="" type="radio"/> Shoulder Harness <input type="radio"/> Inflatable <input type="radio"/> Unknown	<input checked="" 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 <input type="checkbox"/> If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: <u>ALIX</u> City: _____ Middle Initial: <u>C</u> State: _____ ZIP: _____ Last Name: <u>TITEL</u> Country: _____ <input type="radio"/> Crew <input checked="" type="radio"/> Passenger <input type="radio"/> Other	<input checked="" type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: <u>3</u>	<input checked="" 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 checked="" type="radio"/> Shoulder Harness <input type="radio"/> Inflatable <input type="radio"/> Unknown	<input checked="" 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 <input type="checkbox"/> If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> 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 <input type="checkbox"/> If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> 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 <input type="checkbox"/> If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown

FLIGHT ITINERARY INFORMATION			
<b>Last Departure Point</b> Airport ID: <u>KUTS</u> City: <u>HUNTSVILLE</u> State: <u>TX</u> Country: <u>USA</u>		<b>Time of Departure</b> Time: <u>18:25</u> Time Zone: <u>CENTRAL</u>	
<b>Destination</b> Airport ID: <u>KGTU</u> City: <u>GEORGETOWN</u> State: <u>TX</u> Country: <u>USA</u>		<b>Type Flight Plan Filed</b> <input checked="" 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	
<b>Type of ATC Clearance/Service</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Special VFR <input type="checkbox"/> Special IFR <input checked="" 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			
<b>Airspace where the accident/incident occurred</b> (Check all that apply) <input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class F <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			
<b>Source of Weather Information</b> (Check all that apply) <input type="checkbox"/> National Weather Service <input type="checkbox"/> Company <input type="checkbox"/> Flight Service Station <input type="checkbox"/> Military <input type="checkbox"/> TV/Radio <input type="checkbox"/> Internet <input checked="" type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)		<b>Weather Observation Facility</b> Facility ID: <u>KGTU</u> Observation Time: <u>18:00</u> Time Zone: <u>CENTRAL</u> Distance from Accident Site: <u>41</u> NM Direction from Accident Site: <u>270</u> degrees	
<b>Basic Conditions</b> <input checked="" type="checkbox"/> VMC <input type="checkbox"/> IMC		<b>Light Condition</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	
<b>Sky/Lowest Cloud Condition</b> <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered <b>Lowest Cloud Condition Height</b> <u>9500</u> ft AGL		<b>Ceiling</b> <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input checked="" type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown <b>Ceiling Height</b> <u>9500</u> ft AGL	
<b>Wind Direction</b> <input type="checkbox"/> Variable <input checked="" type="checkbox"/> Indicated: <u>120</u> degrees		<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable <input type="checkbox"/> Light and Variable -or- Velocity: <u>6</u> KTS	
<b>Intensity of Precipitation</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> N/A		<b>Type of Precipitation</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	
<b>Icing Forecast</b> <b>Amount</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Type</b> <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed		<b>Icing Actual</b> <b>Amount</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <b>Type</b> <input type="checkbox"/> Rime <input type="checkbox"/> Clear <input type="checkbox"/> Mixed	
<b>Visibility</b> <u>10</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> _____ ft		<b>Restriction to Visibility</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown	
<b>Turbulence</b> <b>Type</b> (Check all that apply) <input checked="" type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> In Clouds <input type="checkbox"/> Vicinity of Thunderstorm		<b>Severity</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate Chop <input type="checkbox"/> Severe <input type="checkbox"/> Extreme	
<b>NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:</b>			

**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>08/08/2014</u> <small>mm/dd/yyyy</small>	Signature and Name of Pilot/Operator Signature: _____ Type or Print Name: <u>Kevin N. Thiel</u>
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. <b>CEN14LA</b>	Reviewed by NTSB Regional Office <b>DENVER,</b>	Name of Investigator <b>COARNOLD W SCOTT</b>	Date Report Received
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08/15/14