Eng. 3

## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public use aircraft accidents and incidents BASIC INFORMATION Accident/Incident Location Marana Nearest City/Place: ZIP: 85653 Country: USA (ddd:mm:ss E/W) (dd:mm:ss N/S) Longitude: \_ Latitude: Collision with Other Aircraft Altitude of In-Flight Phase of Operation Midair 🔲 Occurrence ☐ Takeoff (incl. initial climb) ☐ Cruise ☐ Climb ☐ Maneu illover Other Standing 1'axi Descent Maneuvering On-ground Approach Unknown ☐ None A MSL Landing AIRCRAFT INFORMATION Manufacturer: Max Gross Weight: Model: 5-1010A Weight at Time of Accident/Incident: Serial Number: 566A-115 Location of Center of Gravity at Time of Accident/Incident: inches from Inosc or Indian Registration Number: N57194 Amateur-built: Yes No Percent Mean Acrodynamic Cord (% MAC) -475-Landing Gear Type of Aleworthiness Certificate Retractable Category of Aircraft Number of Seats: Airplanc Balloon (Check all that apply) Check any additional landing geur Standard If Large Aircraft, how many sents for: Special configuration that applies: Blimp/Dirigible Glider Gyrocraft Normal Restricted 1'ricycle Tailwheel Flight Crew: Tinity Limited Amphibian | Emergency Float | Float | Hull | Unknown ☐ High Skid ☐ Skid Acrobatic 🔲 Provisional Cabin Crew: ☐ Helicopter Transport Experimental Powered lift Passengers: \_\_\_\_ Ski Special Flight Ingileral 🔲 🔲 Light Sport Ski/Wheel □ Unknown Type of Maintenance Program Last Inspection Type 9-27-11 Date Last Inspection: Annual 100 Hour Continuous Airworthiness Conditional (Amsteur-built only) 🔲 ለለበኮ Conditional Inspection Manufacturer's Inspection Program Unknown [Annual Airframe Total Time: Other Approved Inspection Program (AAIP) hours measured at (check one) Continuous Airworthiness Other, specify: ☐ Last Inspection Time of Accident/Incident IFR Equipped Type of Fire Extinguishing Stall Warning System Installed Yes No Unknown ☐ Yes 📆 No 🔲 Unknown ☐ None Specify **ELT Installed ELT Activated** ELT Manufacturer: ☐ Yes ☐ No Yos No Model/Series: ELT Aided in Locating Accident/Incident Serial Number: ☐ Yes ☐ No **Battery Type:** Battery Exp. Date: Reciprocating Fuel Engine Type Propeller System Type Turbo Jet Reciprocating ☐ Carburetor Manufacturer: Turbo Shaft Turbo Fan Pixed Pitch Fuel Injected ☐ Turbo Prop Uaknown Controllable Pitch Model: Epgine Rated Power Measured Time Time as (check one) Date Total Siace Since ☐ Horsepower or ☐ lbs of Thrust Engine Manufacturer's of Mfg. 77me Inspection Overhaul Engine Manufacturer Serial Number ตเซบ*ต์ส่ง*รูรูรูรู Englae **Model/Series** (bours) (bours) (bours) Eng. 1 Eng 2

OWNER/OPERATOR INFORMATIO	N Committee of the Comm	The second secon					
Registered Aircraft Owner Policy V	Owner Address						
Name: Patrick NIIC	City: TUCS ON,						
Fractional Ownership Aircraft: Yes No	State: AY 120NA ZIP: 85705 Country: U.S.A.						
Operator of Aircraft Same As Registere	Operator Address Samo As Registered Owner						
Name: William Mark	- Bufler	City					
Doing Business As:	3a lloon Er C	City: ZIP:					
Air Carrier/Operator Designator (4 Character Cod	Country:						
Regulation Flight Conducted Under	Revenue Sightseeing Flight						
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FAR 103 FAR 133 Non-US, Comm	nereial Federal _ State _ Local	Air Medical Flight					
☐ FAR 121 ☐ FAR 135 ☐ Non-US, Non-c ☐ FAR 125 ☐ FAR 137 ☐ Armed Forces	ommercial Dunknown	☐ Yes ☐ No					
	<b>.</b>						
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial Operating Certificate Held (Check all that apply)					
Cresonal Personal	Scheduled or Commuter	None					
☐ Business ☐ Executive/Corporate	Non-Scheduled or Air Taxi	☐ Flag Carrier Operating Certificate (121) ☐ Supplemental					
Other Work Use		☐ Air Cargo					
Other Work Use	Domestic or International	Foreign Air Carriers (129)					
Forry	Domestic International	Commuter Air Carrier (135) On-Demand Air Taxi (135)					
☐ Positioning ☐ Acrial Application		Large Helicopter (127)					
Acrial Observation Air Drop	Cargo Operation	Rotoreraft External Load (133)					
	Passenger/Cargo	- or -					
☐ Air Raco / Show ☐ Flight Test	PassengerHow many?	Agricultural Aircraft (137)					
Public Use	CargoIbs	Other Operator of Large Aircraft					
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OTHER AIRCRAFT - COLLISION (	fair or ground calleion accurred complete	his section for action the walls					
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Aircraft Registration Number   Manufacturer:   Model:		Damage to Other Aircraft					
Aircraft Registration Number   Manufacturer:   Model:   Registered Owner of Other Aircraft		Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None					
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ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information)									
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Middle Initial: Last Name:	State:	ZIP:				☐ Minor ☐ Scrious	L	] Unkno	wn
Pilot Certificate(s) (Check all that apply)	Country:		<del></del>		-+	Seat Occ			
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PASSENGER(S) / OTHER PERSONNEL (Inc.  Name and Address  First Name: Connie Depascul  Middle Initial:  Last Name:  First Name: Mack Depascul  First Nume: Mack Depascul	City: TUCSO State: AZ Country: U.S City: TUCSO	S; continue on sep	narata shee	Seat		No. over 10 C		<b>0</b> 0	00
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ADDITIONAL IN	FORMA	TION (Please type or print in	inkl		_	****
		is needed for any answers.	· ······y			
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I HEREBY CERTIF	Y THAT Y	E ABOVE INFORMATION IS	COMPLET	F AND ACCURATE	TO THE DEST OF	MY KNOW EDGE
Date of this Report		and Name of Pilot/Operator		E MILD ADDOUGHE	10 1114 0201 01	MI VIOLETOE
	Signature:_	and Name of Linosoperator				
mm/dd/yyyy	Type or Pri	nt Name:				
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NTSB Accident/Incident/	ient No.	Reviewed by NTSB Regional		Name of Investigator	1)	Date Report Received
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