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

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BASIC INFORMATION								
Accident/Incident Location Nearest City/Place:	2		State: AZ	Date/Time Date: 05-10	<u>)-2014</u> Los	cal Time: <u> </u>	6:00	
ZIP: <u>X6040</u> Country: <u>C</u> Latitude: <u>31° 25, 06′</u> (dd:mm:ss N/S) 1	Longitude: 110	°50.87'	(ddd:mm:ss E/W)	mm/dd/yy	yy Tii	me Zone:	MST	
Phase of Operation Standing Takeoff (incl. initial clim Taxi Climb Descent Landing	Collision with C Midair On-ground None	Other Aircraft	Altitude o Occurren NA		ft MSL			
AIRCRAFT INFORMATION								
Manufacturer: CESSNA Model: T207 A Serial Number: 207003 Registration Number: N731	Weight at Ti Location of C		cident:		n			
Category of Aircraft Type of Aircraft Airplane (Check all that Balloon Standard Blimp/Dirigible Mormal Glider Utility Gyrocraft Acrobatic Powered lift Transport Ultralight Unknown	If Large Air Flight Cabin		Landi check for: Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th A Check config Th Check config Check config Th Check config Th Check config Th Check config Th Check config Th Check config Th Check config Check config Check config Check config Check config Check config Check config Check config Check config Check config Check config Config Check config Config Check config Con	ng Gear c any addition guration that ricycle mphibian mergency Flo oat	Retrac nal landing ge applies: Ta Dat Sk Sk Sk	table ar hilwheel igh Skid cid		
Type of Maintenance Program Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AA Continuous Airworthiness Other, specify:	Last Insp 100 Ho AAIP	Condit	uous Airworthiness ional Inspection wn	Date Last Inspection: 0 128/2013 mm/dd/yy/yy Airframe Total Time: 14883.1 hours measured at (check one) ⊠ Last Inspection □ Time of Accident/Incident				
IFR Equipped	rning System In							
ELT Installed ELT Activated Yes No Yes No	Battery Exp. Date:							
Engine Type Image: Constraint of the second secon	Manufae Pitch Model:	cturer: HART PHC-C	ZELL					
Engine Engine Manufacturer Me	ngine odel/Series TSE055		Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Engine Rated Power Measured as (check one) Horsepower Ibs of Thrust 310	Total Time (hours)	Time Since Inspection (hours)	Time Since Overhaul (hours)
Eng. 2	3-030				3.10			
Eng. 3								
Eng. 4						1		

Registered Aircraft Owner Owner Address Name:	OWNER/OPERATOR INFORMATION
Fractional Ownership Aircraft Yes No State: OT ZIP: Yes Country: USA Operator of Aircraft Øsame As Registered Owner Operator Address Same As Registered Owner Name:	
Fractional Ownership Aircraft Yes No State: OT ZIP: Yes Country: USA Operator of Aircraft Øsame As Registered Owner Operator Address Same As Registered Owner Name:	Name: AMERICAN AVIATION INC City: SALT LAKE CITY
Name:	State: UT ZIP: 84116
Doing Business As:	Operator of Aircoreft Sema As Desistand Operator Address Sema As Desistand Operator
Regulation Flight Conducted Under Revenue Sightseeing Flight Image: Commercial Com	Operator of Alleran Skegistered Owner Decrator Address
A FAR 03 FAR 125 FAR 123 Non-US, Commercial Unknown FAR 121 FAR 133 Non-US, Non-commercial Unknown Air Medical Flight FAR 125 FAR 137 Armed Forces Type of Commercial Operating Certificate Held Purpose of Flight for FAR 121, 125, 129, 135 (Select one) [Check all that apply] Personal Scheduled or Commuter Non-Scheduled or Air Taxi Supplemental Other Work Use Domestic or International Gromestic or International Gromestic (127) Personal Domestic or International Commuter Air Carriers (129) Commuter Air Carriers (127) Personal Positioning Domestic or International Carrier Operation (133) or Positioning Passenger/Cargo How many? Rotoreraft External Load (133) or Ari Race / Show Passenger/Cargo Ibs Other Operator of Large Aircraft Damage to Other Aircraft Minor Mauifacturer:	Name: City: PAGE Doing Business As: State: AZ_ZIP: \$60.40
for FAR 91, 103, 133, 137 (Select one) (Check all that apply) Personal Scheduled or Commuter None Business Non-Scheduled or Air Taxi Flag Carrier Operating Certificate (121) Commuter Work Use Non-Scheduled or Air Taxi Supplemental Other Work Use Domestic or International Foreign Air Cargo Personal Domestic or International Foreign Air Cargo Positioning Domestic or International Foreign Air Carrier (135) Aerial Application Dessenger/Cargo Rotorcraft External Load (133) Air Drop Passenger/Cargo or - Air Race / Show Mail Other Operator of Large Aircraft Public Use Mail Other of Other Aircraft Aircraft Registration Number Manufacturer: Model: Model: Model: Model: Model: Mone	Name: City: PAGE Doing Business As: State: AZ ZIP: State: Air Carrier/Operator Designator (4 Character Code): Country: U SA U SA
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Pilot of Other Aircraft	Name:
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First Name: City: Middle Initial: State: Last Name: ZIP: Description Country: MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)	Name:
First Name: City: Middle Initial: State: Last Name: City: MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? Yes No Unknown Total Time/Cycles	Name:
First Name: City: Middle Initial: State: Last Name: City: MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? Yes No Unknown Total Time/Cycles	Name:
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First Name: City:	Name: City: PAGE Doing Business As: Art Carrier/Operator Designator (4 Character Code): County: USA Regulation Flight Conducted Under Park 19 Pentic Use (select type) Revenue Sightscale Flight Public Use (select type) PAR 103 PAR 133 Non-US, Non-commercial Denduity 12, 129, 135, 135, 100, 131, 137, (Select one) Revenue Operation Pression Parpose of Flight One-US, Non-commercial Unknown Type of Commercial Operating Certificate He (Check all hint apply) Personal Describes Domestic or International Defense (12) Personal Describes International Defense (12) Pressioning Arrial Operation Pressioning Arrial Application Arrial Application Demestic or International Demestic Or International Demestic Or International Other Operator of Large Allows Demestic or International Demestic Or International Demestic Or International Arrial Application Demestic or International Demestic Or International Demestic Or International Other Algoritation Demestic or International Demestic Or International Demestic Or Internatinal (13) Arrial Applic
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Air Race / Show Flight Test Public Use Unknown	Name:
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□ FAR 121 □ FAR 135 □ Non-US, Non-commercial □ Unknown □ Yes ☑ Non-US, Non-Commercial □ Unknown □ Parpose of Flight armed Forces □ Yes ☑ Non-US, Non-Commercial □ Unknown □ Purpose of Flight for FAR 137, [Select one] □ FAR 137, [Select one] Type of Commercial Operating Certificate Held (Check all that apply) □ Personal □ Scheduled or Commuter □ Non-Scheduled or Air Taxi □ None □ Business □ Scheduled or Air Taxi □ Supplemental □ Arric Cargo □ Instructional □ Domestic or International □ Commuter Air Carriers (129) □ Commuter Air Carrier (135) □ Positioning □ Arrial Observation □ Passenger/Cargo □ Rotorcraft External Load (133) -or - □ Arrial Observation □ Passenger	Name: City: PAGE Doing Business As: State: AZ Air Carrier/Operator Designator (4 Character Code): City: Value Regulation Flight Conducted Under Revenue Sightseeing Flight
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Air Carrier/Operator Designator (4 Character Code):	
Doing Business As:	Operators of Aircorethy Series An Desistand Operators Address Series Address
Name:	State: UT ZIP: X4116
Fractional Ownership Aircraft Yes No State: OT ZIP: Yes Country: USA Operator of Aircraft Øsame As Registered Owner Operator Address Same As Registered Owner Name:	Name: AMERECAN AVEATEON INC City: SALT LAKE CETY
Fractional Ownership Aircraft Yes No State: OT ZIP: Yes Country: USA Operator of Aircraft Øsame As Registered Owner Operator Address Same As Registered Owner Name:	Registered Aircraft Owner Address
Name:	OWNER/OPERATOR INFORMATION

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Description of Damage to Aircraft and	Sther Property (use add	ittonai sneet ij r	necessary)				
AIRPORT INFORMATION (If the	e accident/incident occi	urred on appr	roach, takeoff or with	hin 3 miles	of an airport	complete this section)	
Airport Identifier: KPGA					Park .	7200.Q.1	
Airport Name: PAGE MUNI	CEPAL ABRA	ORT	Distance From Airport Center: 0.5 SM Direction From Airport: degrees MAG				
Proximity to Airport Off Airport/Airs			Airport Elevation			ft. MSL	
Approach Segment (Select one)			An port Elevation			II. MOL	
On Instrument Approach	ng 🗌 Bas	e leg	Final			Go Around	
Crosswind Down		v Approach	Abort	ted Landing (a		n)	
IFR Approach (Check all that apply)	□ MLS □	Practice	VFR Approach (Check all that	163716333	op and Go	
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TACAN RNAV	Circling		Full Stop		and the second s	nknown	
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Runway/Landing Surface (Check all that apply)						☐ Water-Glassy ☐ Wet	
Concrete Gravel Metal/Wood Unknown Rubber Deposits S							
Dirt Ice Sno			Slush Covered	U Vegeta	tion		
FLIGHT ITINERARY INFORM							
Last Departure Point Airport ID: KPGA	Time of Departure	Destination	11000		Type Fligh	t Plan Filed	
City: PAGE	Time: 1535	Airport ID:	0 1		Company	VFR IFR	
State: AZ	Time Zone: M/S	City: State:	AZ		☐ Military V ☐ VFR	VFR Unknown	
Country: USA		Country:	USA	56 - C	Activated?		
		Country.				Yes No	
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Type of ATC Clearance/Service (Check None Special VFR		ial IFR		light Followi		Yes No	
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EVACUATION OF AIRCRAFT										
Was an emergency evacuation of the aircraft performed? Xes No										
Method of Exit – Describe how the occupants exited and how many occupants evacuated each location										
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Time Zone:			Flight Service Station				Internet	Telepho	ne/Computer	
Distance from Accident Site:	0.5	NM		utomated Report ommercial Weather	Service (DUA'	TS)	Unknown	Aircraft		
Direction from Accident Site:	160 de	grees MAG				Unknow				
Briefing Type/Completeness				Light Condition						
Full Abbreviated Partial / Limited By Pilot Unknown Partial / Limited By Briefer Not Pertinent							Dark Night Bright Night Not Reported	_miles		
Sky/Lowest Cloud Condition				Re	striction to Visibility	(Check all	that apply)			
Clear In Broken None Few Thin Overcast Brok				Obs			None Blowing Dust Fog Ground Fog			
Partial Obscuration Unknown Over			cast 🗌 Unknown				Blowing Sand Haze			
Scattered			Blowing Snow							
3000 +	Lowest Cloud Condition Height Ceiling						Dust Unknown			
Wind Direction	ft AGL Wind Speed	-		Wind Gusts	II AOL	T	na of Turbulanaa (C	hash all that .		
Indicated:	Velocity: 20	+ KTS	Velocity: 30 + KTS			1	Type of Turbulence (Check all that apply) None In Clouds			
210 To 190 degrees MAG	-or-	KI5	velocity. <u>30 i</u> KIS			Clear Air Vicinity of Thunderstorm				
□ Variable	Calm	2001	Gusting			Severity of Turbulence			_	
	Light and Va	riable							Light	
NOTAMs (D, L and FDC), AIRMETs,	SIGMETS	, PIR	EPs in effect at	the time of					
		Icing Fore	cast				Type of Precipitation	on (Check al	l that apply)	
Temperature:(C)		Amou	nt		Туре		None	Drizzle		
or(F)	1	None Dirace		Moderate Severe	□ Rime □ Clear		1 () · · · · · · · · · · · · · · · · · ·	☐ Ice Pellets ☐ Snow Pell		
Altimeter Setting:i	in. HG MB	🔲 Light			Mixed	-	🔲 Hail	Snow Gra	uns	
Density Altitude:	-	Icing Actu	al			Rain Showers Freezing Rain		☐ Ice Crysta ☐ Ice Pellets		
Dew Point:(C)		Amou None	nt	Moderate	Type			Freezing I		
or(F)		Trace		Severe	Clear	Intensity of Precipit		tation		
				Mixed			Light M	oderate	Heavy	

PILOT "A" INFORM	PILOT "A" INFORMATION									
Pilot "A" Responsibilities at the Time of Accident/Incident										
X Pilot Co-Pilot Student Pilot Flight Instructor Check Pilot Flight Engineer Other Flight Crew										
Pilot "A" Identification										
First Name: GEORGE City: PHELADELPHEA										
Middle Initial: <u>NMP</u>		12.32		State	e: Pl	7. Z	IP: 191			
Last Name:	MRDEN	OVIC			ntry:		A	2		
Age at time of Accident/Inci	dent: <u>53</u>	Date of Bin	_		tificate N	umber:				
Degree of Injury Seat Occupied Seat Belt Shoulder Harness										
Degree of injury Seat Occupied Seat Occupied Snoulder Harness □ None □ Fatal ☑ Left ☑ Front □ Unknown Used ☑ Yes □ No								□ No		
Minor Unknown Rear Available Yes No Available Yes No								100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100		
Serious Center Single										
Pilot Certificate(s) (Check all that apply)										
None Student Recreational Flight Engineer Foreign Private Flight Instructor Sport Airline Transport U.S. Military										
	Medical Certific					ificate Va		11	ast Medica	ıl
X Pilot	None	Class 3			/ithout lim	itations/waiv	vers			
Other			ense (Sport Pilot			ions/waivers	5	0.3.0 mm/dd	3-2014	1
Unknown		Unknown		The second second second	nknown				уууу	
Medical Certificate Limita	tions Mul	(T-HA)	IB GIA	SSES F	or n	JEAR	VISI	ON		
	(*()	01 17141	12 GUA	00000				- 19- 19-049-0.		
Madiaal Castificante Wala										
Medical Certificate Waive	rs									
<u></u>										
					_				and the second	
Date of Last Flight Review or Equivalent, Including		100 M	t Review Air		4					
FAR 121/135 Checks:	03-23-20	Make:	(CESSN					and the second	
	mm/dd/yyyy		l:	7207	A					
Airplane Rating(s)	Other Aircra	and the second se		ent Rating(s)			r Rating(s)			
(Check all that apply)	(Check all that	apply)	and the second second second	ll that apply)		(Check all	that apply)			99 Y
☐ None X Single-Engine Land	None Airship		☐ None ☑ Airpla			None Airplan	e Single-Eng		Instrument	a second s
Single-Engine Sea	Free Balloon	n	Helico	opter			e Single-Eng e Multi-Engi		Instrument Helicopter	riencopter
Multiengine Land	Glider		D Powe			Gyropla	ine		Glider	
Multiengine Sea	Gyroplane					Powered	d Lift] Sport	
	Powered Life	ì								
Type Ratings	100 II.					Student H	Indorseme	nts (Include d	dates)	
						- C				
	1		Airplane	1		1		1		r
Flight Time (enter appropria		This Make	Single	Airplane			rument	-	011	Lighter
number of hours in each box) Total Time	Aircraft 68.50	& Model 45.8	Engine 5145	Multiengine 1765	Night 444	Actual 130	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)	60.30	122.0	5175	1/63	777	1.50	15			
Time as Instructor	-					-				
This Make/Model					1.000					
Last 90 Days	45.8	45.8	YER							
Last 30 Days	31	31	31							
Last 24 Hours	1.7	1.7	1.7							
Edst 24 HOUIS	1 11/1									L
				7						

PILOT "B" INFORMA	TION										
Pilot "B" Responsibilities at		dent/Incider	nt		21026	A STATE OF	in the second second		No. of Concession, Name	Sec. The	
		Flight Ins		Check Pilot	☐ Flig	ht Engineer	Other F	light Crew			
Pilot "B" Identification											
CONCINCTION OF THE CONCENTRATION OF THE CONCENTE OF THE CONC	IA			C*+-							
First Name:				City		Z	г р .				
Last Name:				Cou	ntry:		u				
Age at time of Accident/Incide	ent:	Date of Birt	n: 		incate	Number:					
Degree of Injury	Seat Occupied			Seat	Belt			Shoulder H	arness		
None Fatal Left Front Un						Yes		Used		🗌 No	
Minor Unknown Serious		Rear Single		Avail	able	Yes	No	Available	🗌 Yes	🗌 No	
Pilot Certificate(s) (Check all											
□ None □ Stude		Recreat	tional	Commercia	a -		Flight Engin	eer	Foreign		
	t Instructor	□ Sport	tional	Airline Tra			U.S. Military	Ý			
Principal Occupation M	1edical Certificat	te		Med	ical Ce	rtificate Val	idity	Date of La	ast Medica	I	
		Class 3				mitations/waiv	- 10 - X - X				
Other D	Class 1	Driver's Licens	se (Sport Pilot			tations/waivers	ŧ,		the second		
Unknown L	Class 2	Jnknown			nknown			mm/dd/y	vyyy		
Medical Certificate Limitati	ons										
Medical Certificate Waivers											
Date of Last Flight Review		Flight	Review Airo	eraft		the second second					
or Equivalent, Including			ike:								
FAR 121/135 Checks:	mm/dd/yyyy	- Model:									
Alata Barlar ()				(D () ()		T	D				
Airplane Rating(s) (Check all that apply)	Other Aircraft (Check all that app			rument Rating(s) Instructor Rating(s) ck all that apply) (Check all that apply)							
None	□ None	,.y)	□ None		A					imlane	
Single-Engine Land	Airship		Airpla		None Instrument Airplane Airplane Single-Engine Instrument Helicopte						
Single-Engine Sea	Free Balloon		Helico	opter	1.1	Airplane	Multi-Engin	e 🗌	Helicopter	Construction & Construct	
Multiengine Land Multiengine Sea	Glider		Power	red Lift		Gyroplan	le L'O	in the second	Glider		
	Gyroplane Gyroplane				- 25	D Powered	Lift		Sport		
	Powered Lift				_						
Type Ratings						Student Er	ndorsemen	ts (Include de	ttes)		
						· · · · · ·					
								1			
Flight Time (enter appropriate	All	This Make	Airplane Single	Airplane		Inst	rument			Lighter	
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air	
Total Time											
Pilot in Command (PIC)											
Time as Instructor											
This Make/Model											
Last 90 Days		1000					6		0		
Last 30 Days											
Last 24 Hours											
					1						

ADDITIONAL FLIGHT CREW MEMBERS (Exclusive of cabin attendants, complete the following information) Pilot Name and Address Degree	ee of Injury			
First Name: NONE City: Non Middle Initial: State: ZIP: Min Last Name: Country: Ser	nor 🗌 Unknown			
Last Name: Country: Ser				
	Seat Occupied			
None Student Recreational Commercial Flight Engineer Foreign Lef Private Flight Instructor Sport Airline Transport U.S. Military Rig True Bating/Endogramment for Total Flight Time at the Time Cer	ght 🗌 Rear			
Type Rating/Endorsement for Accident/Incident Aircraft? Total Flight Time at the Time of this Accident/Incident:hrs L Cer				
Pilot Name and Address Degree	ee of Injury			
First Name: City:				
First Name:				
	Occupied			
None Student Recreational Commercial Flight Engineer Foreign Lef Private Flight Instructor Sport Airline Transport U.S. Military Rig	ght 🗌 Rear			
Type Rating/Endorsement for Accident/Incident Aircraft? Total Flight Time at the Time of this Accident/Incident:hrs Cer	nter Single			
Pilot Name and Address Degree	ee of Injury			
	ne 🗌 Fatal			
First Name:				
	Occupied			
None Student Recreational Commercial Flight Engineer Foreign Lef Private Flight Instructor Sport Airline Transport U.S. Military Rig	ft 🛛 Front			
Type Rating/Endorsement for Total Flight Time at the Time				
	1755 C			
PASSENGER(S) / OTHER PERSONNEL (Include flight attendants; continue on separate sheet if necessary)				
	apant d d ngury njury nown			
Name and Address	Occupant FAA Fatal Serious Injury No Injury Unknown			
Name and Address team First Name: JACQUELENE	Occupant FAA Fatal Serious Injury Minor Minor No Injury Unknown			
Name and Address team First Name: JACQUELENE	Coccupant Coccupant FAA Ratal Serious Injury No Injury Unknown			
Name and Address tage First Name: JACQUELENE Middle Initial: State: Last Name: VALLOPS				
Name and Address Image: State in the sta				
Name and Address Image: State				
Name and Address Image: State				
Name and Address Image: State in the sta				
Name and Address is is First Name: JACQUELENE City: 7 Middle Initial: State: ZIP: Last Name: VALLOPS Country: FRANCE First Name: MARTENE City: Middle Initial: State: ZIP: Last Name: VENCENT Country: FRANCE First Name: VENCENT City: Middle Initial: State: ZIP: Last Name: VENCENT Country: First Name: GUY City: Middle Initial: State: ZIP: Last Name: VENCENT Country: First Name: RENE GERABL City: State: ZIP: State: ZIP: 5 Last Name: VENCENT				
Name and Address is is First Name: JACQUELENE City: 7 Middle Initial: State: ZIP: Last Name: VALLOPS Country: FRANCE First Name: MARTENE City: Middle Initial: State: ZIP: Last Name: VENCENT Country: FRANCE First Name: VENCENT City: Middle Initial: State: ZIP: Last Name: VENCENT Country: First Name: GUY City: Middle Initial: State: ZIP: Last Name: VENCENT Country: First Name: RENE GERABL City: State: ZIP: State: ZIP: 5 Last Name: VENCENT				
Name and Address TO TO TO First Name: JACQUELENE City: 7 0				
Name and Address Tage Tage Tage First Name: JACQUELENE City:				
Name and Address Tage Tage Tage First Name: JACQUELENE City:				
Name and Address Total First Name: JACQUELENE City: ZIP: Middle Initial: State: Last Name: VALLOPS Country: PRANCE Pirst Name: VALLOPS Country: PRANCE First Name: VALCORS Country: PRANCE Middle Initial: City: Last Name: VINCENT Country: PRANCE Middle Initial: City: Last Name: GUV First Name: GUV First Name: CUV State: ZIP: Last Name: VINCENT Country: FRANCE First Name: RENE GERARI City: State: Last Name: LANG Country: PRANCE Pirst Name: RENE GERARI City: State: ZIP: 2 Last Name: LANG Country: PRANCE First Name: BERNARDER JEVENE Country: FRANCE State: ZIP: Last Name: Country: FRANCE 3				
Name and Address js js js js First Name: JACQUELENE City:				
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Name and Address jj jj <th< td=""><td></td></th<>				
Name and Address jø jø<				
Name and Address Total Total <td></td>				

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.

PELOT REPORTED LOSS/REDUCTEON IN POWER WHELE SOUTHWEST OF PAGE AERPORT PELOT WAS ABLE TO RESTORE PARTPAL POWER AND PROCEED TO PAGE AERPORT PELOT DECEDED TO MAKE DOWNWEND ENTRY TO LAND ON RWIS DUE TO WEND DERECTION AND VELOCETY PILOT REPORTED DOWN DRAFT ON SHORT FEWAL CAUSENG AERCRAFT TO WAND SHORT OF RUNWAY

OVERRUN AREA AND FLEP OVER ON ETS BACK AFTER CONTACTING THE GROUND

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

Operator/Owner Safety Recommendation

ADDITIONAL IN	FORMA	TION (Please type or print in ink)		
		is needed for any answers.		
			■ ?	
HEREBY CERTIF	Y THAT TH	E ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO THE B	EST OF MY KNOWLEDGE
Date of this Report	Signature	and Name of Pilot/Operator		
05/19/2014	Signature:			
mm/dd/yyyy	Type or Pri	nt Name:		
Signature and Name	of Parson	Filing Benort if Other than Pilot/Opera	tor	
Signature:		-		
Type or Print Name:	Ro	BERT B LOGAN		
Title:	CHRE	= PPLOT AMERICAN	AVEATEDN ENC	
		FOR NTSB	USE ONLY	
NTSB Accident/Inci	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
WPR14FA186	1999 20 1999 2018 49 5 47 5 47 5 47 5 47 5 47 5 47 5 47 5	WPR - Seattle, WA	Cawthra, Josh	5/20/14