

**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 Nearest City/Place: <u>UNION COUNTY AIRPORT</u> State: <u>OH</u> ZIP: _____ Country: <u>US</u> Latitude: _____ (00:00:00 N/S) Longitude: _____ (000:00:00 E/W)		Date/Time Date: <u>5/21/2007</u> Local Time: _____ mth/dd/yyyy Time Zone: _____	
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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 checked="" type="checkbox"/> Landing <input type="checkbox"/> Approach <input type="checkbox"/> Unknown	Collision with Other Aircraft <input type="checkbox"/> Midair <input type="checkbox"/> On-ground <input type="checkbox"/> None	Altitude of In-Flight Occurrence _____ ft MSL
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WEATHER INFORMATION AT THE ACCIDENT SITE UNKNOWN

Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ NM Direction from Accident Site: _____ degrees MAG	Source of Weather Information (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 type="checkbox"/> Automated Report <input type="checkbox"/> Unknown <input type="checkbox"/> Commercial Weather Service (DUATS)	Method of Briefing (Check all that apply) <input type="checkbox"/> In Person <input type="checkbox"/> Teletype <input type="checkbox"/> Telephone/Computer <input type="checkbox"/> Aircraft Radio <input type="checkbox"/> TV/Radio <input type="checkbox"/> Unknown
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Briefing Type/Completeness <input type="checkbox"/> Full <input type="checkbox"/> Abbreviated <input type="checkbox"/> Partial / Limited By Pilot <input type="checkbox"/> Unknown <input type="checkbox"/> Partial / Limited By Briefer <input type="checkbox"/> Not Pertinent	Light Condition <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/> Not Reported	Visibility _____ miles
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Sky/Lowest Cloud Condition <input type="checkbox"/> Clear <input 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	Ceiling <input type="checkbox"/> None (clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown	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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Lowest Cloud Condition Height _____ ft AGL	Ceiling Height _____ ft AGL
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Wind Direction <input type="checkbox"/> Indicated: _____ degrees MAG <input type="checkbox"/> Variable	Wind Speed Velocity: _____ KTS -or- <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable	Wind Gusts Velocity: _____ KTS <input type="checkbox"/> Gusting <input type="checkbox"/> Not Gusting	Type of Turbulence (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> In Clouds <input type="checkbox"/> Clear Air <input type="checkbox"/> Vicinity of Thunderstorm Severity of Turbulence <input type="checkbox"/> Extreme <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Severe <input type="checkbox"/> Moderate Chop
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NOTAMs (D, L and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident

Temperature: _____ (C) or _____ (F) Altimeter Setting: _____ in. HG or _____ MB Density Altitude: _____ ft Dew Point: _____ (C) or _____ (F)	Iceing Forecast Amount Type <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input type="checkbox"/> Light <input type="checkbox"/> Mixed	Type of Precipitation (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Snow Shower <input type="checkbox"/> Freezing Drizzle
	Iceing Actual Amount Type <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Rime <input type="checkbox"/> Trace <input type="checkbox"/> Severe <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Light <input type="checkbox"/> Mixed	Intensity of Precipitation <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

AIRCRAFT INFORMATION							
Manufacturer: <u>VANS AIRCRAFT</u> Model: <u>RV7A</u> Serial Number: <u>70440</u> Registration Number: <u>7259N</u>				Max Gross Weight: <u>1800</u> lbs Weight at Time of Accident: <u>UNK</u> lbs Location of Center of Gravity at Time of Accident: _____ inches from <input type="checkbox"/> nose or <input type="checkbox"/> datum -or- _____ Percent Mean Aerodynamic Cord (% MAC)			
Category of Aircraft <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Balloon <input type="checkbox"/> Blimp/Dirigible <input type="checkbox"/> Glider <input type="checkbox"/> Gyrocraft <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered lift <input type="checkbox"/> Ultralight <input type="checkbox"/> Unknown		Type of Airworthiness Certificate (Check all that apply) Standard <input checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> Utility <input checked="" type="checkbox"/> Acrobatic <input type="checkbox"/> Transport Special <input type="checkbox"/> Restricted <input type="checkbox"/> Limited <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Experimental <input type="checkbox"/> Special Flight <input type="checkbox"/> Light Sport		Number of Seats: <u>2</u> If Large Aircraft, how many seats for: Flight Crew: _____ Cabin Crew: _____ Passengers: _____		Landing Gear <input type="checkbox"/> Retractable Check any additional landing gear configuration that applies: <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Unknown	
Type of Maintenance Program <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Conditional (Amateur-built only) <input type="checkbox"/> Manufacturer's Inspection Program <input type="checkbox"/> Other Approved Inspection Program (AAIP) <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> Other, specify: _____			Last Inspection Type <input checked="" type="checkbox"/> 100 Hour <input type="checkbox"/> Continuous Airworthiness <input type="checkbox"/> AAIP <input type="checkbox"/> Conditional Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Unknown		Date Last Inspection: <u>11/19/2006</u> mm/dd/yyyy Airframe Total Time: <u>356</u> hrs hours measured at (check one) <input type="checkbox"/> Last Inspection <input checked="" type="checkbox"/> Time of Accident		
IFR Equipped <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Stall Warning System Installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Type of Fire Extinguishing System <input type="checkbox"/> None <input checked="" type="checkbox"/> Specify <u>ONBOARD EXTINGUISHER</u>			
ELT Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ELT Activated <input type="checkbox"/> Yes <input type="checkbox"/> No <u>UNK</u>		ELT Manufacturer: <u>AMERI-KING</u> Model/Series: <u>AK-35D</u> Serial Number: _____ Battery Type: <u>D" CELL</u> Battery Exp. Date: <u>3-1-2011</u>			
ELT Aided in Locating Accident / Incident <input type="checkbox"/> Yes <input type="checkbox"/> No							
Engine Type <input checked="" type="checkbox"/> Reciprocating <input type="checkbox"/> Turbo Jet <input type="checkbox"/> Turbo Shaft <input type="checkbox"/> Turbo Fan <input type="checkbox"/> Turbo Prop <input type="checkbox"/> Unknown		Reciprocating Fuel System Type <input type="checkbox"/> Carburetor <input checked="" type="checkbox"/> Fuel Injected		Propeller <input checked="" type="checkbox"/> Fixed Pitch <input type="checkbox"/> Controllable Pitch Manufacturer: <u>SENSGNCH</u> Model: <u>72FM</u>			
						Engine Rated Power Measured as (check one) <input checked="" type="checkbox"/> Horsepower or <input type="checkbox"/> lbs of Thrust	
						Total Time (hours) <u>356</u>	
						Time Since Inspection (hours)	
						Time Since Overhaul (hours)	
Engine		Engine Manufacturer		Engine Model/Series		Manufacturing Serial Number	
Eng. 1		<u>LVC</u>		<u>10-360</u>		<u>4-1560-51A</u>	
Eng. 2							
Eng. 3							
Eng. 4							
OWNER/OPERATOR INFORMATION							
Registered Aircraft Owner Name: <u>PEACE RIVER RV, INC</u> Fractional Ownership Aircraft: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Owner Address City: _____ State: _____ ZIP: _____ Country: _____			
Operator of Aircraft <input checked="" type="checkbox"/> Same As Registered Owner Name: _____ Doing Business As: _____ Air Carrier/Operator Designator (4 Character Code): _____				Operator Address <input type="checkbox"/> Same As Registered Owner City: _____ State: _____ ZIP: _____ Country: _____			
Regulation Flight Conducted Under <input type="checkbox"/> FAR 91 <input type="checkbox"/> FAR 129 <input type="checkbox"/> FAR 91 Special Flight <input type="checkbox"/> Public Use (select type) <input type="checkbox"/> FAR 103 <input type="checkbox"/> FAR 133 <input type="checkbox"/> Non-US, Commercial <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> FAR 121 <input type="checkbox"/> FAR 135 <input type="checkbox"/> Non-US, Non-commercial <input type="checkbox"/> Unknown <input type="checkbox"/> FAR 125 <input type="checkbox"/> FAR 137 <input type="checkbox"/> Armed Forces				Revenue Sightseeing Flight <input type="checkbox"/> Yes <input type="checkbox"/> No Air Medical Flight <input type="checkbox"/> Yes <input type="checkbox"/> No			

Purpose of Flight for FAR 91, 103, 133, 137 (Select one) <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Executive/Corporate <input type="checkbox"/> Other Work Use <input type="checkbox"/> Instructional <input type="checkbox"/> Ferry <input type="checkbox"/> Positioning <input type="checkbox"/> Aerial Application <input type="checkbox"/> Aerial Observation <input type="checkbox"/> Air Drop <input type="checkbox"/> Air Race / Show <input type="checkbox"/> Flight Test <input type="checkbox"/> Public Use <input type="checkbox"/> Unknown	Revenue Operation for FAR 121, 125, 129, 135 (Select one) <input type="checkbox"/> Scheduled or Commuter <input type="checkbox"/> Non-Scheduled or Air Taxi Domestic or International <input type="checkbox"/> Domestic <input type="checkbox"/> International Cargo Operation <input type="checkbox"/> Passenger/Cargo <input type="checkbox"/> Passenger _____ How many? <input type="checkbox"/> Cargo _____ lbs <input type="checkbox"/> Mail	Type of Commercial Operating Certificate Held (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flag Carrier Operating Certificate (121) <input type="checkbox"/> Supplemental <input type="checkbox"/> Air Cargo <input type="checkbox"/> Foreign Air Carriers (129) <input type="checkbox"/> Commuter Air Carrier (135) <input type="checkbox"/> On-Demand Air Taxi (135) <input type="checkbox"/> Large Helicopter (127) <input type="checkbox"/> Rotorcraft External Load (133) - or - <input type="checkbox"/> Agricultural Aircraft (137) <input type="checkbox"/> Other Operator of Large Aircraft
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OTHER AIRCRAFT COLLISION (If an or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number: _____	Manufacturer: _____ Model: _____	Damage to Other Aircraft <input type="checkbox"/> Destroyed <input type="checkbox"/> Minor <input type="checkbox"/> Substantial <input type="checkbox"/> None
Registered Owner of Other Aircraft		
First Name: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	
Pilot of Other Aircraft		
First Name: _____ Middle Initial: _____ Last Name: _____	City: _____ State: _____ ZIP: _____ Country: _____	

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

Airport Identifier: <u>KMRT</u>	Distance From Airport Center: _____ SM
Airport Name: <u>UNION COUNTY AIRPORT</u>	Direction From Airport: _____ degrees MAG
Proximity to Airport <input checked="" type="checkbox"/> Off Airport/Airstrip <input type="checkbox"/> On Airport <input type="checkbox"/> On Airstrip	Airport Elevation: <u>1021</u> ft. MSL
Approach Segment (Select one)	
<input type="checkbox"/> On Instrument Approach <input checked="" type="checkbox"/> Landing <input type="checkbox"/> Base leg <input type="checkbox"/> Final <input type="checkbox"/> Go Around <input type="checkbox"/> Crosswind <input type="checkbox"/> Downwind <input type="checkbox"/> Low Approach <input type="checkbox"/> Aborted Landing (after touchdown)	
IFR Approach (Check all that apply)	VFR Approach (Check all that apply)
<input type="checkbox"/> None <input type="checkbox"/> PAR <input type="checkbox"/> MLS <input type="checkbox"/> Practice <input type="checkbox"/> ADF/NDB <input type="checkbox"/> Sidestep <input type="checkbox"/> LDA <input type="checkbox"/> GPS <input type="checkbox"/> SDF <input type="checkbox"/> ILS <input type="checkbox"/> ASR <input type="checkbox"/> Loran <input type="checkbox"/> VOR/TVOR <input type="checkbox"/> Localizer Only <input type="checkbox"/> Visual <input type="checkbox"/> Unknown <input type="checkbox"/> VOR/DME <input type="checkbox"/> LOC-back course <input type="checkbox"/> Contact <input type="checkbox"/> TACAN <input type="checkbox"/> RNAV <input type="checkbox"/> Circling	<input type="checkbox"/> None <input type="checkbox"/> Stop and Go <input type="checkbox"/> Traffic Pattern <input type="checkbox"/> Touch and Go <input type="checkbox"/> Straight-In <input type="checkbox"/> Simulated Forced Landing <input type="checkbox"/> Valley/Terrain Following <input type="checkbox"/> Forced Landing <input type="checkbox"/> Go Around <input type="checkbox"/> Precautionary Landing <input type="checkbox"/> Full Stop <input type="checkbox"/> Unknown
Runway Information	Condition of Runway/Landing Surface (Check all that apply)
Runway ID: <u>9/27</u> (L/R/C) Length: <u>4218</u> ft Width: <u>75</u> ft	<input type="checkbox"/> Dry <input type="checkbox"/> Snow-Compacted <input type="checkbox"/> Water-Calm <input type="checkbox"/> Holes <input type="checkbox"/> Snow-Crusted <input type="checkbox"/> Water-Choppy <input type="checkbox"/> Ice Covered <input type="checkbox"/> Snow-Dry <input type="checkbox"/> Water-Glassy <input type="checkbox"/> Rough <input type="checkbox"/> Snow-Wet <input type="checkbox"/> Wet <input type="checkbox"/> Rubber Deposits <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> Slush Covered <input type="checkbox"/> Vegetation
Runway/Landing Surface (Check all that apply)	
<input type="checkbox"/> Asphalt <input type="checkbox"/> Grass/Turf <input type="checkbox"/> Macadam <input type="checkbox"/> Water <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Metal/Wood <input type="checkbox"/> Unknown <input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Snow	

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: _____ City: _____ State: _____ Country: _____	Time of Departure Time: _____ Time Zone: _____	Destination Airport ID: <u>KPGD</u> City: <u>PUNTA GORDA</u> State: <u>FL</u> Country: <u>US</u>	Type Flight Plan Filed <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
Type of ATC Clearance/Service (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 checked="" 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 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 checked="" 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 | | |

Aircraft Load Description (Check all that apply)

- | | | | |
|-------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Towing Glider | <input type="checkbox"/> Parachutists | <input type="checkbox"/> Livestock |
| <input type="checkbox"/> Passengers | <input type="checkbox"/> Towing Banner | <input type="checkbox"/> Water | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Cargo | <input type="checkbox"/> Other External | <input type="checkbox"/> Chemical/Fertilizer/Seeds | |

FUEL & SERVICES INFORMATION

Fuel on Board at Last Takeoff
(convert from pounds, as necessary)

UNK Gallons

Fuel Type

- | | | | |
|--|-------------------------------------|------------------------------|---|
| <input type="checkbox"/> 80/87 | <input type="checkbox"/> 115/145 | <input type="checkbox"/> JP3 | <input type="checkbox"/> Other, specify _____ |
| <input checked="" type="checkbox"/> 100 Low Lead | <input type="checkbox"/> Jet A | <input type="checkbox"/> JP4 | |
| <input type="checkbox"/> 100/130 | <input type="checkbox"/> Automotive | <input type="checkbox"/> JP5 | |

Other Services, if Any, Prior to Departure

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.)

UNK

Total Time/Cycles On Part

_____ Hours
_____ Cycles

Time Since This Part Inspected/Overhauled

_____ Hours

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

- None Substantial
 Minor Destroyed

Aircraft Fire

- None Both Ground and In-Flight
 In-Flight Unknown Origin
 On-Ground

Aircraft Explosion

- None Both Ground and In-Flight
 In-Flight Unknown Origin
 On-Ground

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

EVACUATION OF AIRCRAFT

Was an emergency evacuation of the aircraft performed? Yes No

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

PILOT "A" INFORMATION

Pilot "A" Responsibilities at the Time of Accident

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

Pilot "A" Identification

First Name: WALTER BUCHHOLZ

City: PUNTA GORDA

Middle Initial: _____

State: FL ZIP: 33950

Last Name: BUCHHOLZ

Country: US

Age at time of Accident: _____

Date of Birth: _____
mm/dd/yyyy

Certificate Number: _____

Degree of Injury

None Fatal
 Minor Unknown
 Serious

Seat Occupied

Left Front Unknown
 Right Rear
 Center Single

Seat Belt

Used Yes No
Available Yes No

Shoulder Harness

Used Yes No
Available Yes No

Pilot Certificate(s) (Check all that apply)

Nonc Student Recreational Commercial Flight Engineer Foreign
 Private Flight Instructor Sport Airline Transport U.S. Military

Principal Occupation

Pilot
 Other
 Unknown

Medical Certificate

None Class 3 UNK
 Class 1 Driver's License (Sport Pilot only)
 Class 2 Unknown

Medical Certificate Validity

Without limitations/waivers
 With limitations/waivers
 Unknown

Date of Last Medical

9/2006
mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Waivers

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 06/19/2005
mm/dd/yyyy

Flight Review Aircraft

Make: VANS RV7-A
Model: 7-A

Airplane Rating(s) (Check all that apply)

None
 Single-Engine Land
 Single-Engine Sea
 Multiengine Land
 Multiengine Sea

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

None
 Airship
 Free Balloon
 Glider
 Gyroplane
 Helicopter
 Powered Lift

Instrument Rating(s) (Check all that apply)

None
 Airplane
 Helicopter
 Powered Lift

Instructor Rating(s) (Check all that apply)

None
 Airplane Single-Engine Instrument Airplane
 Airplane Multi-Engine Instrument Helicopter
 Gyroplane Helicopter
 Powered Lift Glider
 Sport

Type Ratings

Student Endorsements (Include dates)

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	270.3	70.7								
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	5.3	5.3	5.3							
Last 30 Days	3.1	3.1	3.1							
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="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
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="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
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="checkbox"/> None	<input type="checkbox"/> Fatal
Middle Initial: _____	State: _____ ZIP: _____	<input type="checkbox"/> Minor	<input type="checkbox"/> Unknown
Last Name: _____	Country: _____	<input type="checkbox"/> Serious	
Pilot Certificate(s) (Check all that apply)		Seat Occupied	
<input type="checkbox"/> None	<input type="checkbox"/> Student	<input type="checkbox"/> Recreational	<input type="checkbox"/> Commercial
<input type="checkbox"/> Private	<input type="checkbox"/> Flight Instructor	<input type="checkbox"/> Sport	<input type="checkbox"/> Airline Transport
		<input type="checkbox"/> Flight Engineer	<input type="checkbox"/> Foreign
		<input type="checkbox"/> U.S. Military	
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	Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Injury	Minor Injury	No Injury	Unknown
First Name: <u>EVAN</u> City: <u>PUNTA GORDA</u> Middle Initial: <u>G</u> State: <u>FL</u> ZIP: <u>33</u> Last Name: <u>WOOD</u> Country: <u>US</u>	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

UNKNOWN

RECOMMENDATION (How could this accident have been prevented?)

Operator/Owner Safety Recommendation

UNKNOWN

ADDITIONAL INFORMATION (Please type or print in ink)

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

UNKNOWN

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

Date of this Report

Signature and Name of Pilot/Operator

mm/dd/yyyy

Signature: _____

Type or Print Name: _____

Signature and Name of Person Filing Report if Other than Pilot/Operator

Signature: _____

Type or Print Name: HAROLD E ROSE

Title: _____

FOR NTSB USE ONLY

NTSB Accident/Incident No.

Reviewed by NTSB Regional Office

Name of Investigator

Date Report Received

CHI 07 LA 150

WEST CHICAGO, IL

EDWARD MAZINOWSKI

5/29/07