BASIC INFORMATION Accident/Incident Location Accident/Incident Location Namedic UsyPues Jar 3801		NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents												
Accident/Incident Location Accident/Incident Date: Time Nearest Cityprise: Gronada County: United States Latitud: 33:45:67.11N Longitude: 069-47:53.6200W Collision with Other Aircraft: O Molet Aircraft: O Molet One-ground @ None Alcockerture: Donham Timothy Collision with Other Aircraft: O Molet One-ground @ None Manufacture:: Donham Timothy Collision with Other Aircraft: O Molet Oregound @ None Serial Number: 23:460 Weight at Time of Accident/Incident: 10:40 at. Ibs Vear of Manufacture:: 1999 Maximum Grows Weight: 1300 Des Serial Number: 23:460 Weight at Time of Accident/Incident: 10:40 at. Ibs Vear of Manufacture:: 1999 Maximum Grows Weight: 1300 Des Anatace-Built: OYre: Yre: O Kit/Plans Make: Varis Aircraft Number of Seats: 2 Plaght Crew Seats: 1 Cohe O Chight Des Obling/Digbel Normal Restricted Cohe O Chight Des Cohe O Chight Des O Tubo Shaft O Solid Rocket O Utility Special Linkind and Districted Cheek at the apply Enginee Maaufacture: Enginee Chauphas Aircraft O Utility Special Linkind Districted Cheek at the apply Enginee Chauphas Aircraft O Tubo Shaft O Solid Rocket							•							
2019: 380-1 Country: United States meriddary Latinda: 33-44-57.11W Longitude: 099-47-53 6200W Time Zone: Central Bitter in decimal digress or degrees: minutes:sconds) Collision with Other Aircraft: O Midui OOn-ground @ None Registration Number; N8168D Balloo BrR - Septimped and Centrified Balloo Manufacture: Done ground None None Balloo Veri of Manufacture: Displant Central Meridant Stress Balloo Balloo Balloo Balloo Balloo Check al fun apply Balloo Dervisional Check al fun apply Balloo Dervisional Check al fun apply Balloo Dervisional Balloo Dervisional Balloo Dervisional Balloo Dervisional Balloo Dervisional Balloo Dervisional Balloo Berperinental LightShot Balloo Dervisional Dister Balloo	a property of the state of the state of the							A	ccident/Incid	ent Date/I	'ime			anana las situation
Zir: 3301 Country: United Stetes mm/dd/yyy Latitud: 33:049-57.11W Longitude: (99-47-53.5200W) Collision with Other Alcraft: O Midair Oth-ground @ None All control digrates of degree: minutes incondu? Collision with Other Alcraft: O Midair Oth-ground @ None Amateur-Bailt: On Number; [M184D Collision with Other Alcraft: O Midair Oth-ground @ None Serial Number; 23460 Manufacture: 1999 Amateur-Bailt: O's J're: O Kil/Plans Make, Van's Alrcraft ON O Colginal Design Year of Manufacture: 1999 Number of Secti: Plant Amateur-Bailt: O's J're: O Kil/Plans Make, Van's Alrcraft ON O Colginal Design Category of Alcraft O Andrawer Manufacture: 1999 Amateur-Bailt: O's J're: O Kil/Plans Make, Van's Alrcraft ON O Colginal Design O Reciprocenting O Colginal Design O Reciprocenting O Colginal Rocket O Reciprocenting O Colginal Rocket O Reciprocenting O Colginal Rocket O Reciprocenting O Honov O Honov D Honov O Honov D Honov O Honov D Honov O Honov <td< td=""><td>Nearest C</td><td>tity/Place: Grena</td><td>ada</td><td></td><td></td><td>State: N</td><td><u>IS</u></td><td>Da</td><td>ite: 10/1</td><td>6/2015</td><td>Loc</td><td>cal Time:</td><td>12:30PM</td><td></td></td<>	Nearest C	tity/Place: Grena	ada			State: N	<u>IS</u>	Da	ite: 10/1	6/2015	Loc	cal Time:	12:30PM	
Laither Langende Unique Unique Unique Collision with Other Aircraft ODn-ground © None AIRCRAFT INFORMATION Registration Number: Mellison Collision with Other Aircraft ODn-ground © None Aurona Contraction Collision with Other Aircraft Collision with Other Aircraft ODn-ground © None Aurona Contraction Contraction Contraction Contraction Contraction None Serial Number: 23450 Contraction Contraction Contraction None Contraction None Vear of Manufacture: 1999 Amateur-Built: 104 contraction Number of Seats: 2 Flight Crew Seats: 1 Number of Seats: 2		010	Country: Unite	ed States			·····			לצאי		-		
AIRCRAF INFORMATION Registration Number: MillsD Maufactures: Donham Timotity Maufactures: Donham Timotity Made: KV-6A Scrial Number: 23450 Var of Manufacture: 1999 Ansteur-Built: QYes Amsteur-Built: QYes Onigoin Design Var of Manufacture: 1999 Ansteur-Built: QYes Onigoin Design Varie of Manufacture: 1999 Ansteur-Built: QYes Onigoin Design Varie of Manufacture: 1999 Ansteur-Built: QYes Onigoin Design Varie of Manufacture: 1999 Category of Aircraft Optimize Design Standard Special Design Special Flight Design Balloon Optimize Desin Special	Latitude:	33-49-57.11N		Longitude: 089-4	7-53.620	W					Tu	ne Zone: <u>\</u>	Jential	
Registration Number: Noiles Massing Currer To Donham Timothy		(Enter in decima	l degrees or d	egrees:minutes:sec	onds)			Co	ollision with (Other Aire	eraft: C) Midair	OOn-groun	d 🗿 None
Nagent Actors	AIRCE	RAFT INFO	RMATIO	N			4							
Masufacturer: Donkamed Aircraft Model: RV-6A Scrial Number: 23460 Year of Manufacturer: 1999 Annateur-Built: O'reiginal Design Magin and regime Manufacturer: 1999 Category of Aircraft Orriginal Design Category of Aircraft Check all that apply) O'haindard Special Limited O'Haindard Special Light-Sport O'Haindown D'Certificate of Authorization or Wriver (COA) O'Haindown D'Certificate of Authorization or Wriver (COA) O'Haindown D'Gertificate of Authorization or Wriver (COA) O'Haindown D'Special Light-Sport O'Haindown D'Gertificate of Authorization or Wriver (COA) D'Hoindown D'Gertificate of Authorization or Wriver (COA) D'Hoindown D'Gertificate of Authorization or Wriver (COA) D'Hoindown D'Gertificate of Authorization or Wriver (COA) D'Hoindown </td <td>Registra</td> <td>tion Number:</td> <td>N8188D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>	Registra	tion Number:	N8188D							-				
Serial Number: 23460 Weight at Time of Accident/Incident; 1614 est. Ibs Year of Manufacture: 1999	Manufa	cturer: Donha	m Timothy							-	gnt			
Serial Number: 23460 Weight at Time of Accident/Incident; 1614 est. Ibs Year of Manufacture: 1999	Model:	RV-6A						N	 faximum Gro	oss Weigh	t: 1800		lbs	
Year of Manufacture: 1999 Amateur-Built: O'reginal Design Amateur-Built: O'reginal Design Amateur-Built: O'reginal Design Category of Aircraft Type of Aircraft (Check all that apply) Category of Aircraft Type of Aircraft (Check all that apply) Dataloan Bialoon O'redocter Commuter O'redocter O'redocter O'redocter Secia I Isanopection O'red			 					1		-		dent: 161		lbs
Amateur-Built: OYes (/Yer: Økit/Plans Make: Van's Akroaft Cabin Crew Seats: Passenger Seats:									•					
ONo Ooriginal Design Number of Engines: 1 Category of Aircraft Type of Airworthiness Certificate (Check all that apply) Landing Gear (Check all that apply) Engine Type (Select one) Okinjaac OBailoon Standard Special Landing Gear (Check all that apply) Brailoon Oshid Rocket Orubo Shaft Oshid Rocket Oditor Bailoon Provisional Immediate Provisional Brailoon Orubo Shaft Oshid Rocket Oditor Commuter Special Flight Provisional Brailobach Orubo Shaft Oshid Rocket Officiate of Authorization or Waiver (COA) Engine Maunfacturer's Brail Bailobach Orubo Shaft Oshid Rocket OUthnown Corrificate of Authorization or Waiver (COA) Other Launch/Recovery System Office Office Bailon Brain Maunfacturer's Maunfacturer's Date Office Office O Finest Date Office				Kit/Plans Mak	Van's A	vircraft		1						
Category of Aircraft (Check all that apply) Type of Airworthiness Certificate (Check all that apply) Landing Gear (Check all that apply) Figure Type (Select one) Diaguid Rocket O Rocket OBilion OBilion Oblight Normal Check all that apply) O Liquid Rocket O Liquid Rocket OBilion OBilion OBilioptic Normal Restricted Trueb Shate O Solid Rocket OBilion OBilioptic Commuter Special Light-Sport Special Light-Sport O None Oblight Cortificate of Authorization or Wairer Olubnown Description of Wairer O Solid Rocket Olubnown Cortificate of Authorization or Wairer Date Special Light-Sport O None O Turbo Shate Outshown Cortificate of Authorization or Wairer Sarial Number Date Model/Series Time Since: Inspection Type Olon-Hour Continuous Airworthines Model/Series Manufacturer's Dift for Controllable Pitch Propeller 1 OF Continuous Airworthines Model/Zerof OP Sized Pitch Occutrollable Pitch Occutrollable Pitch OAmual Outsknown Model/Zerof Model/Zerof Model OF Sized Pitch OContinuous Airworthiness OVIContinuous Airworthiness Annua	Amateu						······································	1				rassenger	. Scats	
Order (Check all that apply) Special (Check all that apply) Order Orde	Catego	rv of Aircraft	Type of A	irworthiness Ce	rtificate		Landing Go			<u> </u>	Engine	Type (S	elect one)	<u></u>
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Okocket □ Utility □ Special Light-Sport □ Other Launch/Recovery System □ Other Launch/Recovery System Other Launch/Recovery System □ Other Launch/Recovery System □ Other Launch/Recovery System ○ Carburetor ○ Fuel-Injected Engine Engine Manufacturer Engine Manufacturer's Engine Manufacturer's Date O Horspower of Total Time Since: Eng.1 Lycoming 0320-E2D L-42846-27A 08/20/1975 150 1659 41.8 560.7 Eng.2				,										
OUtralight OUnknown □ Experimental Light-Sport □Cartificate of Authorization or Waiver (COA) □ Other Launch/Recovery System □ None ○ Carburetor ○ Fuel-Injected Engine Engine Engine Manufacturer's Model/Series Date Serial Number Other Launch/Recovery System □ None Other Launch/Recovery System □ Unknown Other Launch/Recovery System □ Unknown Engine Engine Manufacturer's Model/Series Date Serial Number Other Launch/Recovery System □ Unknown Total 0 Bos of Thrust Time Since: Inspection Overhault Eng. 4 0320-E2D L-42846-27A 08/20/1975 150 1650 41.8 560.7 Eng. 4 0 0 Controllable Pitch 0Controllable Pitch 0Contro	-		· · ·	Special	Light-Sport Hull Ski/Wheel Fuel System Type (Reciprocating)					ng)				
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Last Inspection Type Propeller 1 ©Fixed Pitch Propeller 2 ©Fixed Pitch 0100-Hour ©Controllable Pitch ©Controllable Pitch ©Controllable Pitch ©Controllable Pitch 0ANP ©Conditional Inspection Manufacturer: Sensenich Manufacturer:														
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O100-Hour O Continuous Airworthiness O Ground Adjustable O Ground Adjustable O AAIP O Conditional Inspection O Annual O Unknown Manufacturer: Sensenich Manufacturer:	Last In	spection Type			Propell	er 1				Prop	eller 2			Ditah
On AIR O Conditional Inspection O ANIP O Conditional Inspection O Annual O Unknown Date Last Inspection: 04/04/2015 mm/dd/yyyy Airframe Total Time: 644.5 mm/dd/yyyy Airframe Parachute Angle of Attack Indicator Autopilot Conditional (Amateur-built only) O Annual O Conditional (Amateur-built only) O Annual Was ELT still connected to antenna? O Other, Approved Inspection Program (AAIP) Was ELT still connected to antenna? O Other, specify: Did ELT Activate? Description of Fire Extinguishing System (O None If not activated: Indicate Reason: Impact Damage O Specify: Battery Expired/Damaged Other, S		-		orthiness			-							
O Annual OUnknown Date Last Inspection: 04/04/2015 mm/dd/yyyy Airframe Total Time: 644.5 mm/dd/yyyy Airframe Parachute Angle of Attack Indicator OLast Inspection OTime of Accident/Incident Type of Maintenance Program (Select one) OC126 (406 MHz) O Annual Was ELT still mounted in aircraft? OYes ONo O Conditional (Amateur-built only) Was ELT still connected to antenna? OYes ONo O Atter Approved Inspection Program (AAIP) If activate? OYes ONo O Cher, specify: Did ELT Ati in Locating Aircraft: OYes ONo Battery Expired/Damage O None Specify: If not activated: Impact Damage O None Specify: If not activated: Impact Damage Other,					• •••••••••••••••••••••••••••••••••••									
Airframe Total Time: <u>644.5</u> hrs hours measured at (Select one) OLast Inspection © Time of Accident/Incident Model or Part No.: unknown Type of Maintenance Program (Select one) Model or Part No.: unknown O Last Inspection © Time of Accident/Incident Model or Part No.: unknown Type of Maintenance Program (Select one) OC126 (406 MHz) Data Recorder O Conditional (Amateur-built only) Octast Inspection Program OC126 (406 MHz) Data Recorder O Conditional Kamateur-built only) Was ELT still mounted in aircraft? ©Yes ONo Did ELT Activate? ©Yes ONo Electronic Primary Flight Display O Continuous Airworthiness Did ELT Aid in Locating Aircraft: OYes ©No Jef activated: Joha activated: None If not activated: Impact Damage Stall Warning System Joha activated: O None Specify: Battery Expired/Damaged Other, Specify: Other, Specify:	O Annual O Unknown													
Airframe Total Time: 644.5hrs If Yes: hours measured at (Select one) O Last Inspection O Time of Accident/Incident If Yes: Type of Maintenance Program (Select one) Model or Part No.: Unknown Model or Part No.: Unknown O Last Inspection O Time of Accident/Incident Model or Part No.: Unknown Data Recorder O Last Inspection O Time of Accident/Incident Model or Part No.: Unknown Data Recorder O Cantual OC126 (406 MHz) Data Recorder O Conditional (Amateur-built only) Was ELT still mounted in aircraft? OYes ONo Electronic Primary Flight Display O Annual Was ELT still connected to antenna? OYes ONo Electronic Primary Flight Display O Attack Indicator Battery Expired/Damage O Other, specify: Did ELT Activate? OYes ONo If not activated: Indicate Reason: Impact Damage O None Fire Damage O Specify: Battery Expired/Damaged	Dute has permanent									t apply)				
hours measured at (Select one) Imanufacturer: Unknown OLast Inspection Time of Accident/Incident Type of Maintenance Program (Select one) Model or Part No.: Unknown O Annual OC126 (406 MHz) O Conditional (Amateur-built only) Was ELT still mounted in aircraft? OYes ONo O Manufacturer's Inspection Program Was ELT still connected to antenna? OYes ONo O Other Approved Inspection Program (AAIP) If activate? O Other, specify: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Indicate Reason: Indicate Reason: Impact Damage O Specify: Indicate Reason:	Airfron					If Yes:								
OLast Inspection Image: Construction of Accident/Incident Model or Part No.: Unknown Type of Maintenance Program (Select one) OC126 (406 MHz) O Annual OC126 (406 MHz) O Conditional (Amateur-built only) Was ELT still mounted in aircraft? OYes ONo O Manufacturer's Inspection Program (AAIP) Was ELT still connected to antenna? OYes ONo D Other Approved Inspection Program (Other, specify: Did ELT Activate? OYes ONo If activated: Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Impact Damage O None Specify:						ELT Manufacturer: Unknown								
Type of Maintenance Program (Select one) OC126 (406 MHz) Electronic Flight Bag or Handheld Device O Annual Was ELT still mounted in aircraft? OYes ONo Electronic Flight Bag or Handheld Device O Conditional (Amateur-built only) Was ELT still connected to antenna? OYes ONo Electronic Primary Flight Display O Other Approved Inspection Program Did ELT Activate? OYes ONo Heads Up Display If activated: Did ELT Aid in Locating Aircraft: OYes ONo Onboard Weather O Other, specify: Did ELT Aid in Locating Aircraft: OYes ONo Stall Warning System None If not activated: Stall Warning System Video Recording Device O Specify: Effect Damage Other, Specify: Other, Specify:					Model or Part No.: Unknown									
O Annual O Annual O Annual Was ELT still mounted in aircraft? OYes ONo O Conditional (Amateur-built only) Was ELT still connected to antenna? OYes ONo O Manufacturer's Inspection Program O Other Approved Inspection Program (AAIP) O Continuous Airworthiness Did ELT Activate? OYes ONo O Other, specify:	Type of Maintenance Program (Select one)													
O Conditional (Amateur-built only) Was ELT still connected to antenna? OYes ONo □ Electronic Primary Flight Display O Manufacturer's Inspection Program O ther Approved Inspection Program (AAIP) □ id ELT Activate? OYes ONo □ Heads Up Display O Continuous Airworthiness □ of ther, specify: □ Did ELT Aid in Locating Aircraft: OYes ONo □ Heads Up Display Description of Fire Extinguishing System If not activated: □ Onboard Weather O None □ If not activated: □ Stallite Tracking Device O Specify: □ Fire Damage □ Other, Specify:	1 **		u		Wes FI									
O Other Approved Inspection Program (AAIP) Did ELT Activate? O Yes O Not O Continuous Airworthiness If activated: Did ELT Aid in Locating Aircraft: OYes O No O Other, specify: Did ELT Aid in Locating Aircraft: OYes O No Did ELT Aid in Locating Aircraft: OYes O No O None If not activated: Indicate Reason: Impact Damage O ther, Specify: O ther, Specify:										Ele			ht Display	
O Continuous Airworthiness If activated: □Onboard Weather O Other, specify: Did ELT Aid in Locating Aircraft: OYes ONo □Satellite Tracking Device Description of Fire Extinguishing System If not activated: □Satellite Tracking Device O None Indicate Reason: □Impact Damage □Video Recording Device O Specify: □Battery Expired/Damaged Other, Specify:				(AAIP)			te? OYes C) No)					
Description of Fire Extinguishing System If not activated:	O Cont	inuous Airworthi					Locating Airor	-aft•	OVes ON	☐ On	board We	ather		
O None Indicate Reason: Impact Damage Video Recording Device O Specify: Fire Damage Other, Specify:	1			- S	-		-	411.				-	ce	
O Specify: □ Fire Damage □ Other, Specify: □ Battery Expired/Damaged			xanguishing	z system	1 -			ama	ige	ŪVie	leo Recor	ding Devic	e	
							Fire Dam	nage	-		ner, Specif	iy:		
	1						Battery E		red/Damaged					

OWNER/OPERATOR INFORMA	TION	
Registered Aircraft Owner		City: Hilltop Lakes
Name: Richard W Lueking		State: TX ZIP: 77871
Fractional Ownership Aircraft: O Yes O	No	Country: United States
Operator of Aircraft Same As Reg	gistered Owner	I Same Address as Registered Owner
Name:		City:
Doing Business As:		State: ZIP:
Air Carrier/Operator Designator (4 Characte	er Code):	Country:
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	nder Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
 None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) 	OFAR 91OFAR 129OFAR 4OFAR 103OFAR 133OFAR 4OFAR 121OFAR 135OFAR 4OFAR 125OFAR 137OFAR 4OFAR 91Special FlightOO Non-US, CommercialO	2 431 O Non-Scheduled or Air Taxi O International
On-Demand Air Taxi (FAR 135)	O Non-US, Non-commercial	
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141) Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft	OPublic Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application OFirefighting O Unknown O Aerial Observation OFlight Test O Glider Tow O Air Drop O Glider Tow O Instructional O Banner Tow O Other Work Use O Business O Executive/Corporate O Positioning O Executive/Corporate O Positioning
Revenue Sightseeing Flight	Air Medical Flight	OExternal Load OSkydiving
OYes ONo	O Yes O No	
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	pproach, landing, takeoff, departure, or within 3 miles of an airport)
	n andre an	Distance From Airport Center:sm
Airport Name: Grenada Airport Airport Identifier: KGND		Distance From Airport Centersin Direction From Airport: degrees true
Proximity to Airport: O Off Airport/Airstri	p OOn Airport/Airstrip ON/A	Airport Elevation: 208 ft. msl
Runway Information Runway ID: 31 (L/R/C) Length: 70 Runway/Landing Surface (Check all that a grass/Turf Asphalt Grass/Turf Concrete Gravel Dirt Ice	apply) adam 🔲 Water I/Wood	Condition of Runway/Landing Surface (Check all that apply) Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Slush-Covered Vegetation Unknown
Approach/Departure Segment (Select one	·)	
OTaxi OVFR Departure OTakeoff OIFR Departure Prod OInitial Climb	OOn Instrument Age cedure/Clearance OLanding	Approach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)
☑None		□None
ADF/NDB PAR SDF Sidestep VOR/TVOR ILS VOR/DME Localizer Only TACAN LOC-back course RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling	☑ Traffic Pattern □ Stop and Go □ Straight-In □ Touch and Go □ Valley/Terrain Following □ Simulated Forced Landing □ Go Around □ Forced Landing □ Full Stop □ Unknown

"ELIQUE ODEWNEN		SPINATIO	SM			Contract Contracts				
"FLIGHT CREWMEN										
 "Flight Crewmember 1" Ro Pilot O Co-Pilot 	O Student Pilot	OFlight Ir		Check Pilot	O Flight I	Engineer	O Other F	light Crew		
"Flight Crewmember 1" wa	as pilot flying	⊡Yes □N			U	U		0		
"Flight Crewmember 1" Id	entification									
First Name: Richard				Ci	ity of Resid	dence: Hil	itop Lakes			
Middle Initial: W					ate: TX			IP: 77871		
Last Name: Lueking					ountry: U	nited Stat				
	f Accident/Incider	nt: 63	Date of Bi		ounuy. <u>o</u>		n/dd/yyyy			
Age at third of			ertificate Numl							
Degree of Injury	Seat Occupi				raint Typ	<u></u>		Ţ	nflatable R	estrainte
• None • Fatal	⊙ Left	O Front	O Unknow	-	vailable		Used			cəti anntə
O Minor O Unknown	O Right	O Rear		A	O None	I	ONone		🖸 Not Insta	illed
O Serious	O Center	O Single			O Lap only	1	OLap only		Installed	1
Pilot Certificate(s) (Check a					⊙ 3-point○ 4-point		⊙ 3-point O 4-point		Deployed	
□ None □ Flight □ Private □ Recrea		Commercial	☑ US Mill ort ☐ Foreign		O 5-point		O 5-point		Unknow	n
Student Sport		light Engineer			O Unknow	'n	O Unknow	n		
	M. N. J. C. MC	-4-			inal Cant	Stante \$7-\$	ldit.	r	ate of Last	Medical
	Medical Certifica				ical Certi			nknown	ALC VI L'ASI	A A A A A A A A A A A A A A A A A A A
O Pilot O Other	-	Class 3 Driver's Lice	nse (Sport Pilot	only) ÕW	ith limitatio	ons/waivers			10/26/201	
O Unknown	O Class 2 O	Unknown		OSI	pecial Issuar	nce			mm/dd/yyy	vy
Medical Certificate Limitat										
Must have available eyegla	asses for near vi	sion								
Medical Certificate Special	Issuance						<u></u>		· · · · · · · · · · · · · · · · · · ·	
Meulcal Celuncate Special	Issuance									
Dets of Lost Flight Daviou		Thebe	Doviow Aiwa							
Date of Last Flight Review or Equivalent, Including		-	Review Airc	1 411						
FAR 121/135 Checks:	05/01/2005		Cessna			<u> </u>				
	mm/dd/yyyyy	Model								
Airplane Rating(s) (Check all that apply)	Other Aircraft (Check all that ap	- · ·		ent Rating(s) that apply)	1	(nstructo) (Check all t	r Rating(s)			
None	□ None	pp•y/	□ None	mai appiy)		None	nai appiyj		Instrument A	Airplane
Single-Engine Land	Airship		🗹 Airpla			Airpland	e Single-Engi	ne 🖸	Instrument H	Ielicopter
☐ Single-Engine Sea ☑ Multiengine Land	Balloon Glider		☐ Helico			🗋 Airpland	e Multi-Engin ne		Helicopter Glider	
Multiengine Sea	Gyroplane					Powered			Sport	
	 Helicopter Powered Lift 									
Type Ratings						Student E	ndorsemen	ts (Include a	lates)	
CE 500 Series, B-200										
			r	F	<u> </u>			I		
Flight Time (Enter appropria	te All	This Make	Airplane Single	Airplane			rument			Lighter
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time	5,150	53	154	1,842	767	614	583	3,154	0	0
Pilot in Command (PIC)	2,860	42	123	925	370		250	1,520	0	
Time as Instructor	0	0		l	3	}	0	0	0	
This Make/Model	35	35	35	0	3		0	0	0	_
Last 90 Days										U
					3	0	0	0		
Last 30 Days Last 24 Hours	18	18	18	0	3			0		0 0 0

"FLIGHT CREWMEMB	ER 2" INFOR	MATION			nessen en service Transferences				
"Flight Crewmember 2" Resp OPilot OCo-Pilot		Time of Ac DFlight Instr			ight Engineer	OOther Flight	t Crew		
"Flight Crewmember 2" was j		-			Pur Fugurer	Salor i ngh			
"Flight Crewmember 2" Ident			······································						
First Name:				City of F	lesidence:				
Middle Initial:									
	cident/Incident:					/dd/yyyy			
Age at time of Ac			icate Number:	<u> </u>					
Degree of Injury	Seat Occupied			Restraint	Type		Tr	flatable R	etrointe
O None O Fatal	-	OFront	OUnknown			¥7		matabic K	5511 AHH13
O Minor O Unknown O Serious	ORight (ORear OSingle		Availa O No O La	ne	Used O None O Lap only		□Not Insta	
Pilot Certificate(s) (Check all th	hat apply)			O 3-p	oint	O 3-point		Not Dep	oyed
□ None □ Flight Ins			US Military	O 4-p O 5-p		O 4-point O 5-point		Deployed	
Private Recreation Student Sport		e Transport t Engineer	Foreign		known	O Unknown			u
□ Student □ Sport		. Laighteet						<u>-</u>	
Principal Occupation Me	edical Certificate			Medical C	Certificate Va	•		ate of Last	Medical
	None O Clas		(Sport Dilot only)		limitations/waivers		own		
V = met	Class 1 O Driv Class 2 O Unl		(Sport Pilot only)	O with lin O Special			-	mm/dd/yyy	ny
Medical Certificate Limitation	ns								
Meultar Certificate Emiliation	113								
Medical Certificate Special Is	suance								
•									
Date of Last Flight Review		Flight R	eview Aircraft		·····				
or Equivalent, Including		ľ							
FAR 121/135 Checks:	mm/dd/yyyy	Model:							
Airplane Rating(s)	Other Aircraft Ra		Instrument R	ating(s)	Instructor	Rating(s)			
I III piulio Runnig(o)	(Check all that apply,	0.,	(Check all that	0.,	(Check all ti	0.,			
	□ None		None		D None			instrument A	
	Airship		Airplane			Single-Engine Multi-Engine		instrument H Helicopter	elicopter
☐ Single-Engine Sea ☐ Multiengine Land	Balloon Glider		Powered Life	7				Glider	
	Gyroplane			•	D Powered	Lift		Sport	
	Helicopter								
Type Ratings	Powered Lift		_l		Student E	ndorsements (Include da	ntes)	
The warmes									
									r
Flight Time (Enter appropriate number of hours in each box)		us Make Model		irplane Itiengine Ni	Ins ght Actual	trument Simulated R	otorcraft	Glider	Lighter Than Air
Total Time									
Pilot in Command (PIC)									
Time as Instructor									
This Make/Model									
Last 90 Days									ļ
Last 30 Days	1				1				
and the second s									

<u> </u>			.ACIUSIVC	OI GANIT CIC		THE TONOMIL	<u>g information)</u>		
Crew Name and Add	ress						Seat Occupie		Injury
First Name:		City o	of Residen	ice:			OLeft	O Front	O None
Middle Initial:		State:		Z	ZIP:		O Center O Right	O Rear O Single	O Minor O Serious
Last Name:		Count	try:		•	_	Oragin	OUnknown	O Fatal
		-							O Unknown
Pilot Certificate(s) (C	_						Restraint Typ Available	Used	Inflatable Restraints
□ None □ Private	 Flight Instructor Recreational 		mercial ne Transpo		Military		O None	O None	Not Installed
Student	Sport		ne Transpo nt Enginee		aign		O Lap Only O 3-point	O Lap Only O 3-point	Installed
Type Rating/Endorse			Total Fl	ight Time at	the Time		O 4-point O 5-point	O 4-point O 5-point	 Not Deployed Deployed
Accident/Incident Air				-	dent:	hrs	O Unknown	O Unknown	Unknown
						an section of the section of the			
Crew Name and Add	ress			·····			Seat Occupie		Injury
First Name:		_ City o	of Residen	ice:			OLeft	O Front O Rear	O None
Middle Initial:		State:		2	CIP:		OCenter ORight	OSingle	O Minor O Serious
Last Name:		Count	try:				Bm	OUnknown	O Fatal
		-							O Unknown
Pilot Certificate(s) (C	Theck all that apply)						Restraint Typ		Inflatable
□ None	Flight Instructor	Com			Military		Available O None	Used O None	Restraints
Private	Recreational		ne Transp		eign		O Lap Only	O Lap Only	Not Installed Installed
□ Student	Sport	LI Fligh	nt Enginee	r			O3-point	O 3-point	☐ Instanced
Type Rating/Endorse	ement for		Total Fl	ight Time at	the Time		O 4-point O 5-point	O 4-point O 5-point	Deployed
Accident/Incident Air	craft? □Yes	DN0	of this A	ccident/Inci	dent:	hrs	OUnknown	O Unknown	Unknown
PASSENGER(S) /	OTHER PERSON	NEL (I	nclude c	ahin orows of			A le nonconstit		
		Contraction Contraction of the		auni ciew, ci	unnue un se	eparate sitee	n in necessary)		
Name and Address				Seat	Injury	Restraint 7		Inflatable Restraints	Age
	City - Hillton I a					Restraint 7 Available	Type Used	Restraints	
First Name: Bobbie		ikes		Seat OLeft	Injury ONone	Restraint 7 Available ONone	Used O None	Restraints	
First Name: <u>Bobbie</u> Middle Initial: <u>L</u>	State: TX Z	akes ZIP: <u>77871</u>		Seat OLeft OCenter	Injury O None O Minor	Restraint 7 Available O None O Lap Only O 3-point	Vype Used O None O Lap Only O 3-point	Restraints	Under 5 years
First Name: Bobbie	State: TX Z	akes ZIP: <u>77871</u>		Seat OLeft	 ● None ○ Minor ○ Serious ○ Fatal 	Restraint 7 Available O None O Lap Only O 3-point O 4-point	Type Used O None O Lap Only O 3-point O 4-point	Restraints Not Installed Installed Not Deployee Deployed	Under 5 years If Under 5, O Child Restrain
First Name: <u>Bobbie</u> Middle Initial: <u>L</u>	State: TX Z	akes ZIP: <u>77871</u>		Seat OLeft OCenter ØRight	Injury ONone OMinor O Serious	Restraint 7 Available O None O Lap Only O 3-point	Type Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints	Under 5 years
First Name: <u>Bobbie</u> Middle Initial: <u>L</u> Last Name: <u>Lueking</u> OCrew	State: <u>TX</u> Z Country: <u>Unite</u> OPassenger	ikes ZIP: <u>77871</u> ed States		Seat OLeft OCenter ORight OUnknown Row:	Injury Onne Minor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Vype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Restraints	☐ Under 5 years d <i>If Under 5,</i> O Child Restrain O Lap-Held O Unknown
First Name: <u>Bobbie</u> Middle Initial: <u>L</u> Last Name: <u>Lueking</u> OCrew First Name:	State: TX 2 Country: Unite	tkes ZIP: <u>77871</u> ed States O Oth	ner	Seat OLeft OCenter ORight OUnknown Row: OLeft	Injury ONone OMinor OSerious OFatal OUnknown ONone	Restraint 7 Available O None O Lap Only @3-point O 4-point O 5-point O Unknown Available O None O Lap Only	Vype Used O None O Lap Only Ø 3-point Ø 4-point Ø 5-point Ø Unknown Used Ø None O Lap Only	Restraints Not Installed Not Deployed Deployed Unknown Not Installed Installed	☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years
First Name: <u>Bobbie</u> Middle Initial: <u>L</u> Last Name: <u>Lueking</u> OCrew First Name: Middle Initial:	State: TX 2 Country: Unite OPassenger City : State: 2	akes ZIP: 77871 ad States O Oth ZIP:	ner	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint 7 Available ONone OLap Only Ø3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Sype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Restraints Not Installed Installed Deployed Unknown Installed Installed Installed Installed Not Deploye	☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5,
First Name: <u>Bobbie</u> Middle Initial: <u>L</u> Last Name: <u>Lueking</u> OCrew First Name:	State: TX 2 Country: Unite OPassenger City : State: 2	akes ZIP: 77871 ad States O Oth ZIP:	ner	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint 7 Available O None O Lap Only @3-point O 4-point O 5-point O Unknown Available O None O Lap Only	Vype Used O None O Lap Only Ø 3-point Ø 4-point Ø 5-point Ø Unknown Used Ø None O Lap Only	Restraints Not Installed Installed Deployed Unknown Installed Installed Installed Not Deployed Deployed	☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5, O Child Restrain
First Name: <u>Bobbie</u> Middle Initial: <u>L</u> Last Name: <u>Lueking</u> OCrew First Name: Middle Initial:	State: TX 2 Country: Unite OPassenger City : State: 2	akes ZIP: 77871 ad States O Oth ZIP:	ler	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint 7 Available O None O Lap Only @3-point O 4-point O 5-point O Unknown O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point	Sype Used O None O Lap Only 3-point 4-point 5-point Unknown Used O None Lap Only 3-point Used O None 4-point 5-point 0 4-point 5-point 0 5-point 0 Unknown	Restraints Not Installed Installed Not Deployed Unknown Installed	☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5,
First Name: Bobbie Middle Initial: L Last Name: Lueking OCrew First Name: Middle Initial: Last Name: OCrew	State: TX 2 Country: Unite Passenger City : State: 2 Country: OPassenger	akes ZIP: 77871 ed States O Oth ZIP: O Oth	ner	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row:	Injury None Minor Serious Fatal Unknown ONone Minor OSerious OFatal OUnknown	Restraint 7 Available O None O Lap Only @3-point O 4-point O 4-point O None O Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 4-point	Type Used O None Lap Only 3-point 4-point 5-point Unknown Used O None Lap Only 3-point 4-point 5-point 5-point 0 4-point 0 5-point Used	Restraints Not Installed Not Deployed Unknown Not Installed Installed Installed Installed Deployed Unknown	☐ Under 5 years ☐ Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown
First Name: Bobbie Middle Initial: L Last Name: Lueking OCrew First Name: Middle Initial: Last Name: OCrew First Name:	State: TX Z Country: Unite Passenger City : State: Z Country: C OPassenger OPassenger City : C Country: C City : C Country: C Country: C City : C City : C	akes ZIP: <u>77871</u> ed States O Oth ZIP: O Oth	ner	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint 7 Available O None O Lap Only Ø 3-point O 4-point O 4-point O 4-point O Lap Only Ø 3-point O 4-point O 4-p	Sype Used O None O Lap Only Ø 3-point Ø 4-point O 5-point Unknown Used O None O Lap Only Ø 3-point Ø 4-point O S-point Ø 4-point Ø 5-point Ø 4-point Ø 5-point Ø None Ø None Ø None Ø None Ø Lap Only	Restraints Not Installed Not Deployed Unknown Not Installed Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Deployed Unknown Not Installed	☐ Under 5 years ☐ Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown
First Name: Bobbie Middle Initial: L Last Name: Lueking OCrew First Name: Middle Initial: OCrew First Name: Middle Initial:	State: TX 2 Country: Unite OPassenger City : State: 2 Country: 2 OPassenger OPassenger City : 2 OPassenger City : 2 State: 2 State: 2 City : 2 State: 2	akes ZIP: <u>77871</u> ad States O Oth ZIP: ZIP:	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OCenter ORight OLeft OCenter ORight	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint 7 Available O None O Lap Only @3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 4-point	Sype Used ONone Lap Only 0 3-point 0 4-point 0 5-point 0 Unknown Used ONone 0 Lap Only 3-point 0 Vone 0 Lap Only 0 3-point 0 4-point 0 5-point 0 4-point 0 5-point 0 Unknown Used 0 None 0 Lap Only 0 J-point	Restraints Not Installed Installed Not Deployed Unknown Installed Not Deployed Unknown Installed Installed Installed Installed Installed Installed Installed Installed Installed	☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5 years d If Under 5,
First Name: Bobbie Middle Initial: L Last Name: Lueking OCrew First Name: Middle Initial: Last Name: OCrew First Name:	State: TX 2 Country: Unite OPassenger City : State: 2 Country: 2 OPassenger OPassenger City : 2 OPassenger City : 2 State: 2 State: 2 City : 2 State: 2	Akes ZIP: <u>77871</u> ad States O Oth ZIP: O Oth ZIP:	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal ONone OMinor OSerious OFatal OINNONE OFatal OINNONE ONONE OMinor	Restraint 7 Available O None O Lap Only Ø 3-point O 4-point O 4-point O 4-point O Lap Only Ø 3-point O 4-point O 4-p	Sype Used O None O Lap Only Ø 3-point Ø 4-point O 5-point Unknown Used O None O Lap Only Ø 3-point Ø 4-point O S-point Ø 4-point Ø 5-point Ø 4-point Ø 5-point Ø None Ø None Ø None Ø None Ø Lap Only	Restraints Not Installed Installed Not Deployed Unknown Installed Not Deployed Unknown Installed Not Deployed Unknown Installed Installed Installed Not Installed Installed Doployed	☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓
First Name: Bobbie Middle Initial: L Last Name: Lueking OCrew First Name: Middle Initial: OCrew First Name: Middle Initial:	State: TX 2 Country: Unite OPassenger City : State: 2 Country: 2 OPassenger OPassenger City : 2 OPassenger City : 2 State: 2 State: 2 City : 2 State: 2	akes ZIP: <u>77871</u> ad States O Oth ZIP: ZIP:	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OCenter ORight OLeft OCenter ORight	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint 7 Available ONone OLap Only @3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point	Sype Used O None O Lap Only Ø 3-point Ø 4-point Ø 5-point Unknown Used O None O Lap Only Ø 3-point Used O None O Lap Only Ø 3-point Ø 4-point Ø 5-point Ø Unknown Used O None Ø Lap Only Ø 3-point Ø 4-point Ø 5-point Ø Unknown	Restraints Not Installed Installed Doployed Unknown Not Installed Not Deployed Unknown Not Installed Not Installed Installed Installed Installed Installed Installed Unknown	☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5 years d If Under 5,
First Name: Bobbie	State: TX 2 Country: Unite Passenger City : State:2 Country: OPassenger City : State:2 Country: OPassenger	akes ZIP: 77871 ad States Q Oth ZIP: Q Oth ZIP: Q Oth	her	Seat OLeft OCenter ORight OUnknown Row:	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint 7 Available O None O Lap Only @3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 5-point	Sype Used ONone Lap Only @ 3-point O 4-point O 5-point O Unknown Used ONone Lap Only O 3-point O 4-point O 5-point O Unknown Used ONone O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 5-point O 5-point	Restraints Not Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployed Unknown Not Installed Install	☐ Under 5 years ☐ Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown ☐ Under 5 years d If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓
First Name: Bobbie Middle Initial: L Last Name: Lueking OCrew First Name: Middle Initial: OCrew First Name: Middle Initial: Middle Initial: Crew Crew	State: TX Z Country: Unite OPassenger City : State: Z OPassenger OPassenger City : Z OPassenger OPassenger OPassenger OPassenger City : Z OPassenger City : Z OPassenger Z Country: Z OPassenger Z	Akes ZIP: 77871 Ad States O Oth ZIP: O Oth ZIP: O Oth	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal ONone OMinor OSerious OFatal OINNONE OFatal OINNONE ONONE OMinor	Restraint 7 Available O None O Lap Only @3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-point O 4-point O 4-point O 4-point O Lap Only O 3-point Available O None O Lap Only O 3-point O 4-point O 4-point	Sype Used ONone Lap Only 0 3-point 0 4-point 0 5-point 0 Unknown Used ONone 0 Lap Only 0 3-point 0 Vertex 0 None 0 Lap Only 0 3-point 0 4-point 0 5-point 0 Unknown Used 0 None 0 Lap Only 0 3-point 0 4-point 0 5-point 0 Unknown Used 0 None 1 Usknown Used 0 None 0 Lap Only	Restraints Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed	☐ Under 5 years ☐ Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown ↓ ☐ Under 5 years d If Under 5, O Child Restrain O Lap-Held O Unknown
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First Name: Bobbie Middle Initial: L Last Name: Lueking OCrew First Name: Middle Initial: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	State: TX Z Country: Unite Passenger City : State: Z OPassenger OPassenger City : Z OPassenger OPassenger OPassenger City : Z OPassenger City : Z OPassenger Z OPassenger Z Country: Z OPassenger Z Country: Z Country: Z OPassenger Z Country: Z OPassenger Z OPassenger <t< td=""><td>Akes ZIP: 77871 Ad States O Oth ZIP: O Oth ZIP: O Oth ZIP:</td><td>her</td><td>Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown</td><td>Injury © None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown</td><td>Restraint 7 Available ONone OLap Only @3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point</td><td>Sype Used O None O Lap Only 9 3-point 0 4-point 0 S-point 0 Unknown Used 0 None 0 Lap Only 3-point 0 4-point 5-point 0 Unknown Used 0 None 0 Lap Only 3-point 0 Lap Only 3-point 0 Lap Only 0 S-point 0 Lap Only 0 S-point 0 Unknown Used 0 None 0 Lap Only 3-point 0 Lap Only 0 S-point 0 S-point 0 S-point 0 S-point 0 S-point 0 S-point</td><td>Restraints Not Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown</td><td>□ Under 5 years If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restrain ○ Unknown □ Under 5 years If Under 5, ○ Child Restrain ○ Unknown</td></t<>	Akes ZIP: 77871 Ad States O Oth ZIP: O Oth ZIP: O Oth ZIP:	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury © None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint 7 Available ONone OLap Only @3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point	Sype Used O None O Lap Only 9 3-point 0 4-point 0 S-point 0 Unknown Used 0 None 0 Lap Only 3-point 0 4-point 5-point 0 Unknown Used 0 None 0 Lap Only 3-point 0 Lap Only 3-point 0 Lap Only 0 S-point 0 Lap Only 0 S-point 0 Unknown Used 0 None 0 Lap Only 3-point 0 Lap Only 0 S-point 0 S-point 0 S-point 0 S-point 0 S-point 0 S-point	Restraints Not Installed Not Deployed Unknown Not Installed Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restrain ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restrain ○ Unknown □ Under 5 years If Under 5, ○ Child Restrain ○ Unknown
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Last Departure Point Time of Departure Destination Type Flight Plan Filed Airport ID: SA6
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O Severe O Unknown O Unknown O Unknown
NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:
None

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O None O Minor Aircraft Fire O None O In-Flight O On-Ground

O Both Ground and In-Flight O Fire at Unknown Time O Unknown **Aircraft Explosion**

None
 In-Flight
 On-Ground

O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

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

Aircraft: Collapsed nose gear, engine mount broken, firewall deformed, wing tip caps scraped and damage to wing leading edges. Remainder of aircraft intact and canopy unbroken.

Other property: No damage

Substantial

O Destroyed

O Unknown

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 departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

Flight originated at Hilltop Lakes, TX in personall aircraft N8188D. Route of flight was from Hilltop Lakes to Chattanooga, TN with enroute stop for fuel at Winoma-Montgomery County Airport, MS. Landing at Winoma County was uneventful in gusty wind conditions. Winoma County had run out of AVGAS the afternoon before and I spoke to the FBO rep about fueling alternatives and decided to fly to Grenada Airport for fuel. Took off from Winoma County Airport and flew direct to Grenada Airport at two thousand feet. Weather was VMC with light to moderate turbulence enroute. Made normal unicom frequency traffic calls inbound. No response received. Approach to airport enabled me to see tetrahedron, which indicated a right quartering crosswind to runway 31. Approach was normal to touchdown. Immediately after touchdown the right wing pitched up, aileron input was ineffective, and aircraft pivoted around left wing until prop struck the ground. Aircraft slid to a stop upright next to runway. Aircraft secured, and pilot and passenger exited aircraft. Pilot and passenger were uninjured.

Communication with airport before landing to obtain a more accurate description of wind direction, gust speed and any other pertinent information would have been useful in anticipating wind gust affect on landing. MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? Yes No (fyes, list the name of the part, mamifacturer, part no., serial no., and describe the failure.) FUEL & SERVICES INFORMATION		accident/incident ha	ve been prevented?)			
MECHANICAL MALFUNCTION/FAILURE (nr more space is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? U vs. [in more space is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? U vs. [in more space is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? U vs. [in more space is needed, continue on separate sheet) Was there Mechanical Malfunction/Failure? U vs. [in more space is needed, continue on separate sheet) FUEL & SERVICES INFORMATION	Operator/Owner Safety Recommendation					
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Use this space if additional space is needed for any answers.

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	Constraints of the second second second second	Pilot/Operator: Richard W Lueking	<u>-1</u>						
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If a Person Other tha	n Pilot/Op	erator is Filing Report							
Name:			Title:	<u></u>					
Signature:									
or Check here to electronically sign this document									
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