

NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFORMATION

Accident/Incident Location
 Nearest City/Place: HAMPTON State: SC
 ZIP: _____ Country: _____
 Latitude: _____ Longitude: _____
(Enter in decimal degrees or degrees:minutes:seconds)

Accident/Incident Date/Time
 Date: 11/28/14 Local Time: 11:45A
mm/dd/yyyy Time Zone: E
Collision with Other Aircraft: Midair On-ground None

AIRCRAFT INFORMATION

Registration Number: 227 RR
Manufacturer: CIRRUS
Model: SR22T
Serial Number: _____
Year of Manufacture: 2014
Amateur-Built: Yes If Yes: Kit/Plans Make: _____
 No Original Design

IFR-Equipped and Certified
 Commercial Space Flight
 Unmanned Aircraft
Maximum Gross Weight: _____ lbs
Weight at Time of Accident/Incident: _____ lbs
Number of Seats: 5 Flight Crew Seats: _____
 Cabin Crew Seats: _____ Passenger Seats: _____
Number of Engines: 1

Category of Aircraft
 Airplane
 Balloon
 Blimp/Dirigible
 Glider
 Gyroplane
 Helicopter
 Powered Lift
 Rocket
 Ultralight
 Unknown

Type of Airworthiness Certificate
(Check all that apply)
Standard **Special**
 Normal Restricted
 Aerobatic Limited
 Balloon Provisional
 Commuter Special Flight
 Transport Experimental
 Utility Special Light-Sport
 Experimental Light-Sport
Certificate of Authorization or Waiver (COA)
 None Unknown

Landing Gear
(Check all that apply)
 Tricycle Tailwheel
 Amphibian High Skid
 Emergency Float Skid
 Float Ski
 Hull Ski/Wheel
 Other Launch/Recovery System
 None Unknown

Engine Type (Select one)
 Reciprocating Liquid Rocket
 Turbo Shaft Solid Rocket
 Turbo Prop Hybrid Rocket
 Turbo Jet None
 Turbo Fan Unknown
 Electric
Fuel System Type (Reciprocating)
 Carburetor Fuel-Injected

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power Horsepower or lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	CONTINENTAL			10-14	315	60	NEW	
Eng. 2								
Eng. 3								
Eng. 4								

Last Inspection Type
 100-Hour Continuous Airworthiness
 AAIP Conditional Inspection
 Annual Unknown
Date Last Inspection: _____
mm/dd/yyyy
Airframe Total Time: 60 hrs
 hours measured at (Select one)
 Last Inspection Time of Accident/Incident

Propeller 1 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: _____
 Model: _____

Propeller 2 Fixed Pitch
 Controllable Pitch
 Ground Adjustable
 Manufacturer: _____
 Model: _____

Type of Maintenance Program (Select one)
 Annual
 Conditional (Amateur-built only)
 Manufacturer's Inspection Program
 Other Approved Inspection Program (AAIP)
 Continuous Airworthiness
 Other, specify: _____

ELT Installed: Yes No
 If Yes:
ELT Manufacturer: _____
Model or Part No.: _____
TSO No.: C91 (121.5 MHz) C91a (121.5 MHz)
 C126 (406 MHz)
Was ELT still mounted in aircraft? Yes No
Was ELT still connected to antenna? Yes No
Did ELT Activate? Yes No
 If activated:
Did ELT Aid in Locating Aircraft? Yes No
 If not activated:
Indicate Reason: Impact Damage
 Fire Damage
 Battery Expired/Damaged
 Unknown

Additional Equipment (Check all that apply)
 ADS-B
 Airframe Parachute
 Angle of Attack Indicator
 Autopilot
 Data Recorder
 Electronic Flight Bag or Handheld Device
 Electronic Multifunction Display
 Electronic Primary Flight Display
 Handheld GPS
 Heads Up Display
 Onboard Weather
 Satellite Tracking Device
 Stall Warning System
 Video Recording Device
 Other, Specify: _____

Description of Fire Extinguishing System
 None
 Specify: _____

OWNER/OPERATOR INFORMATION

Registered Aircraft Owner

Name: ROBERT B HINKLE

City: SARASOTA

State: FLA. ZIP: 34242

Fractional Ownership Aircraft: Yes No

Country: SARASOTA

Operator of Aircraft

Same As Registered Owner

Same Address as Registered Owner

Name: _____

City: _____

Doing Business As: _____

State: _____ ZIP: _____

Air Carrier/Operator Designator (4 Character Code): _____

Country: _____

Operating Certificates Held

(Check all that apply)

- 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)
- On-Demand Air Taxi (FAR 135)
- 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

Regulation Flight Conducted Under

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> FAR 91 | <input type="checkbox"/> FAR 129 | <input type="checkbox"/> FAR 415 |
| <input type="checkbox"/> FAR 103 | <input type="checkbox"/> FAR 133 | <input type="checkbox"/> FAR 431 |
| <input type="checkbox"/> FAR 121 | <input type="checkbox"/> FAR 135 | <input type="checkbox"/> FAR 435 |
| <input type="checkbox"/> FAR 125 | <input type="checkbox"/> FAR 137 | <input type="checkbox"/> FAR 437 |

FAR 91 Special Flight
Non-US, Commercial
Non-US, Non-commercial

Public Aircraft (Select one)
Armed Forces
Federal
State
Local
Unknown

Revenue Operation for FAR 121, 125, 129, 135

(Select one for each group)

- | | |
|--|--|
| <input type="checkbox"/> Scheduled or Commuter | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Non-Scheduled or Air Taxi | <input type="checkbox"/> International |
| <input type="checkbox"/> Passenger | |
| <input type="checkbox"/> Cargo | |
| <input type="checkbox"/> Mail Contract Only | |

Purpose of Flight for FAR 91, 103, 133, 137

(Select one)

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Aerial Application | <input type="checkbox"/> Firefighting | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Aerial Observation | <input type="checkbox"/> Flight Test | |
| <input type="checkbox"/> Air Drop | <input type="checkbox"/> Glider Tow | |
| <input type="checkbox"/> Air Race/Show | <input type="checkbox"/> Instructional | |
| <input type="checkbox"/> Banner Tow | <input type="checkbox"/> Other Work Use | |
| <input type="checkbox"/> Business | <input checked="" type="checkbox"/> Personal | |
| <input type="checkbox"/> Executive/Corporate | <input type="checkbox"/> Positioning | |
| <input type="checkbox"/> External Load | <input type="checkbox"/> Skydiving | |
| <input type="checkbox"/> Ferry | | |

Revenue Sightseeing Flight

Yes No

Air Medical Flight

Yes No

AIRPORT INFORMATION (Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)

Airport Name: HAMPTON AIRPORT
 Airport Identifier: 3J0 ???
 Proximity to Airport: Off Airport/Airstrip On Airport/Airstrip N/A

Distance From Airport Center: 1 sm
 Direction From Airport: _____ degrees true
 Airport Elevation: _____ ft. msl

Runway Information

Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft

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"/> Dirt | <input type="checkbox"/> Ice | <input type="checkbox"/> Snow | <input type="checkbox"/> Unknown |

Condition of Runway/Landing Surface (Check all that apply)

- | | | |
|--|---|---------------------------------------|
| <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"/> Slush-Covered | <input type="checkbox"/> Vegetation | <input type="checkbox"/> Unknown |

Approach/Departure Segment (Select one)

- | | | | | |
|--|--|---|------------------------------------|--|
| <input type="checkbox"/> Taxi | <input type="checkbox"/> VFR Departure | <input type="checkbox"/> On Instrument Approach | <input type="checkbox"/> Downwind | <input type="checkbox"/> Low Approach |
| <input type="checkbox"/> Takeoff | <input type="checkbox"/> IFR Departure Procedure/Clearance | <input type="checkbox"/> Landing | <input type="checkbox"/> Base | <input type="checkbox"/> Go Around |
| <input type="checkbox"/> Initial Climb | | | <input type="checkbox"/> Final | <input type="checkbox"/> Aborted Landing (after touchdown) |
| | | | <input type="checkbox"/> Crosswind | <input type="checkbox"/> Unknown |

IFR Approach (Check all that apply)

- | | | | |
|-----------------------------------|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> None | | | |
| <input type="checkbox"/> ADF/NDB | <input type="checkbox"/> PAR | <input type="checkbox"/> MLS | <input type="checkbox"/> Practice |
| <input type="checkbox"/> SDF | <input type="checkbox"/> Sidestep | <input type="checkbox"/> LDA | <input type="checkbox"/> GPS |
| <input type="checkbox"/> VOR/TVOR | <input type="checkbox"/> ILS | <input type="checkbox"/> ASR | |
| <input type="checkbox"/> VOR/DME | <input type="checkbox"/> Localizer Only | <input type="checkbox"/> Visual | |
| <input type="checkbox"/> TACAN | <input type="checkbox"/> LOC-back course | <input type="checkbox"/> Contact | |
| | <input type="checkbox"/> RNAV | <input type="checkbox"/> Circling | |
| | | | <input type="checkbox"/> Unknown |

VFR Approach (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> None | |
| <input type="checkbox"/> Traffic Pattern | <input type="checkbox"/> Stop and Go |
| <input type="checkbox"/> Straight-In | <input type="checkbox"/> Touch and Go |
| <input type="checkbox"/> Valley/Terrain Following | <input type="checkbox"/> Simulated Forced Landing |
| <input type="checkbox"/> Go Around | <input type="checkbox"/> Forced Landing |
| <input type="checkbox"/> Full Stop | <input type="checkbox"/> Precautionary Landing |
| | <input type="checkbox"/> Unknown |

FLIGHT CREWMEMBER 1 INFORMATION

"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 1" was pilot flying Yes No

"Flight Crewmember 1" Identification
 First Name: ROBERT City of Residence: SARASOTA
 Middle Initial: B State: FL ZIP: 34242
 Last Name: HINKLE Country: USA
 Age at time of Accident/Incident: 71 Date of Birth: [REDACTED] mm/dd/yyyy
 Certificate Number: _____

Degree of Injury <input checked="" type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	Seat Occupied <input checked="" type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Center <input type="radio"/> Front <input type="radio"/> Rear <input type="radio"/> Single <input type="radio"/> Unknown	Restraint Type Available: <input type="radio"/> None, <input checked="" type="radio"/> Lap only, <input type="radio"/> 3-point, <input type="radio"/> 4-point, <input type="radio"/> 5-point, <input type="radio"/> Unknown Used: <input type="radio"/> None, <input checked="" type="radio"/> Lap only, <input type="radio"/> 3-point, <input type="radio"/> 4-point, <input type="radio"/> 5-point, <input type="radio"/> Unknown		Inflatable Restraints <input type="radio"/> Not Installed <input type="radio"/> Installed <input type="radio"/> Not Deployed <input type="radio"/> Deployed <input type="radio"/> Unknown
		Pilot Certificate(s) (Check all that apply) <input type="radio"/> None <input type="radio"/> Private <input type="radio"/> Student <input type="radio"/> Flight Instructor <input type="radio"/> Recreational <input type="radio"/> Sport <input type="radio"/> Commercial <input type="radio"/> Airline Transport <input type="radio"/> Flight Engineer <input type="radio"/> US Military <input type="radio"/> Foreign		

Principal Occupation <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown	Medical Certificate <input type="radio"/> None <input type="radio"/> Class 1 <input type="radio"/> Class 2 <input checked="" type="radio"/> Class 3 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Unknown	Medical Certificate Validity <input type="radio"/> Without limitations/waivers <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> Special Issuance <input type="radio"/> Unknown <input type="radio"/> N/A	Date of Last Medical <u>03/00/14</u> mm/dd/yyyy
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Medical Certificate Limitations
GLASSES

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: 10/20/14 mm/dd/yyyy
Flight Review Aircraft
 Make: CIRRUS
 Model: SR22

Airplane Rating(s) (Check all that apply) <input type="radio"/> None <input checked="" type="radio"/> Single-Engine Land <input type="radio"/> Single-Engine Sea <input type="radio"/> Multiengine Land <input type="radio"/> Multiengine Sea	Other Aircraft Rating(s) (Check all that apply) <input type="radio"/> None <input type="radio"/> Airship <input type="radio"/> Balloon <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift	Instrument Rating(s) (Check all that apply) <input type="radio"/> None <input checked="" type="radio"/> Airplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift	Instructor Rating(s) (Check all that apply) <input type="radio"/> None <input type="radio"/> Airplane Single-Engine <input type="radio"/> Airplane Multi-Engine <input type="radio"/> Gyroplane <input type="radio"/> Powered Lift <input type="radio"/> Instrument Airplane <input type="radio"/> Instrument Helicopter <input type="radio"/> Helicopter <input type="radio"/> Glider <input type="radio"/> Sport
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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	300	250	300		20	15				
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days		60	60							
Last 30 Days										
Last 24 Hours										

FLIGHT CREWMEMBER 2" INFORMATION

"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident

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

"Flight Crewmember 2" was pilot flying Yes No

"Flight Crewmember 2" Identification

First Name: _____ City of Residence: _____

Middle Initial: _____ State: _____ ZIP: _____

Last Name: _____ Country: _____

Age at time of Accident/Incident: _____ 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	Restraint Type Available None Lap only 3-point 4-point 5-point Unknown Used None Lap only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Pilot Certificate(s) <i>(Check all that apply)</i> None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer			
Principal Occupation Pilot Other Unknown	Medical Certificate None Class 3 Class 1 Driver's License (Sport Pilot only) Class 2 Unknown	Medical Certificate Validity Without limitations/waivers Unknown With limitations/waivers N/A Special Issuance	Date of Last Medical _____ mm/dd/yyyy

Medical Certificate Limitations

Medical Certificate Special Issuance

Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: _____ mm/dd/yyyy	Flight Review Aircraft Make: _____ Model: _____
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Airplane Rating(s) <i>(Check all that apply)</i> None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rating(s) <i>(Check all that apply)</i> None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Instrument Rating(s) <i>(Check all that apply)</i> None Airplane Helicopter Powered Lift	Instructor Rating(s) <i>(Check all that apply)</i> None Airplane Single-Engine Airplane Multi-Engine Gyroplane Powered Lift	Instrument Airplane Instrument Helicopter Helicopter Glider Sport
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Type Ratings	Student Endorsements <i>(Include dates)</i>
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Flight Time <i>(Enter appropriate number of hours in each box)</i>	All Aircraft	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air
						Actual	Simulated			
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)

Crew Name and Address	Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	Left Center Right Front Rear Single Unknown	None Minor Serious Fatal Unknown
Pilot Certificate(s) (Check all that apply)	Restraint Type: Available Used	Inflatable Restraints
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer	None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

Crew Name and Address	Seat Occupied	Injury
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____	Left Center Right Front Rear Single Unknown	None Minor Serious Fatal Unknown
Pilot Certificate(s) (Check all that apply)	Restraint Type: Available Used	Inflatable Restraints
None Flight Instructor Commercial US Military Private Recreational Airline Transport Foreign Student Sport Flight Engineer	None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No	Total Flight Time at the Time of this Accident/Incident: _____ hrs	

PASSENGER(S) / OTHER PERSONNEL (Include cabin crew, continue on separate sheet if necessary)

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age
First Name: <u>DAWN</u> City: <u>LOVETSVILLE</u> Middle Initial: <u>M</u> State: <u>VA</u> ZIP: _____ Last Name: <u>SKINNER</u> Country: <u>USA</u> Crew <u>Passenger</u> Other	Left Center <u>Right</u> Unknown Row: <u>1</u>	None <u>Minor</u> Serious Fatal Unknown	Available Used None None Lap Only Lap Only <u>3-point</u> <u>3-point</u> 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: <u>MIKE</u> City: <u>LOVETSVILLE</u> Middle Initial: <u>J</u> State: <u>VA</u> ZIP: _____ Last Name: <u>SKINNER</u> Country: <u>USA</u> Crew <u>Passenger</u> Other	Left Center <u>Right</u> Unknown Row: <u>2</u>	None <u>Minor</u> Serious Fatal Unknown	Available Used None None Lap Only Lap Only <u>3-point</u> <u>3-point</u> 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: <u>BRENDA</u> City: <u>SARASOTA</u> Middle Initial: <u>M</u> State: <u>FLA</u> ZIP: <u>34242</u> Last Name: <u>HINKLE</u> Country: _____ Crew <u>Passenger</u> Other	<u>Left</u> Center Right Unknown Row: <u>2</u>	None Minor <u>Serious</u> Fatal Unknown	Available Used None None Lap Only Lap Only <u>3-point</u> <u>3-point</u> 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown
First Name: _____ City: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____ Crew Passenger Other	Left Center Right Unknown Row: _____	None Minor Serious Fatal Unknown	Available Used None None Lap Only Lap Only 3-point 3-point 4-point 4-point 5-point 5-point Unknown Unknown	Not Installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5, Child Restraint Lap-Held Unknown

FLIGHT ITINERARY INFORMATION

Last Departure Point Airport ID: <u>KSRQ</u> City: <u>SARASOTA</u> State: <u>FLA.</u> Country: <u>USA</u>	Time of Departure Time: <u>9:30A</u> Time Zone: <u>E</u>	Destination Airport ID: <u>KOGB</u> City: <u>ORANEBURG</u> State: <u>S.C.</u> Country: <u>USA</u>	Type Flight Plan Filed None <input type="checkbox"/> VFR/IFR <input checked="" type="checkbox"/> Company VFR <input type="checkbox"/> IFR <input checked="" type="checkbox"/> Military VFR <input type="checkbox"/> Unknown <input type="checkbox"/> VFR <input type="checkbox"/> Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Type of ATC Clearance/Service (Check all that apply)				
None <input type="checkbox"/>	Special VFR <input type="checkbox"/>	Special IFR <input type="checkbox"/>	VFR Flight Following <input type="checkbox"/>	Cruise <input type="checkbox"/>
VFR <input type="checkbox"/>	IFR <input checked="" type="checkbox"/>	VFR On Top <input type="checkbox"/>	Traffic Advisory <input type="checkbox"/>	Unknown / NA <input type="checkbox"/>
Airspace where the accident/incident occurred (Check all that apply)				Altitude of In-Flight Occurrence: _____ ft msl
Class A <input type="checkbox"/>	Class G <input checked="" type="checkbox"/>	Military Operations Area (MOA) <input type="checkbox"/>	Special Air Traffic Control Area <input type="checkbox"/>	
Class B <input type="checkbox"/>	Demo Area <input type="checkbox"/>	Airport Advisory Area <input type="checkbox"/>	Unknown <input type="checkbox"/>	
Class C <input type="checkbox"/>	Warning Area <input type="checkbox"/>	Jet Training Area <input type="checkbox"/>		
Class D <input type="checkbox"/>	Prohibited Area <input type="checkbox"/>	TRSA <input type="checkbox"/>		
Class E <input type="checkbox"/>	Restricted Area <input type="checkbox"/>	FAR 93 <input type="checkbox"/>		

WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

Source of Pilot Weather Information (Check all that apply) 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"/> None <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> Unknown <input type="checkbox"/> On-Board Weather <input checked="" type="checkbox"/>	Weather Observation Facility Facility ID: _____ Observation Time: _____ Time Zone: _____ Distance from Accident Site: _____ nm Direction from Accident Site: _____ degrees true
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Basic Conditions VMC <input checked="" type="checkbox"/> IMC <input type="checkbox"/> Unknown <input type="checkbox"/>	Light Condition Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Night <input type="checkbox"/> Unknown <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Bright Night <input type="checkbox"/>
Sky/Lowest Cloud Condition Clear <input type="checkbox"/> Thin Broken <input type="checkbox"/> Few <input checked="" type="checkbox"/> Thin Overcast <input type="checkbox"/> Partial Obscuration <input type="checkbox"/> Unknown <input type="checkbox"/> Scattered <input type="checkbox"/>	Ceiling None (Clear) <input type="checkbox"/> Obscured <input type="checkbox"/> Broken <input type="checkbox"/> Indefinite <input type="checkbox"/> Overcast <input type="checkbox"/> Unknown <input type="checkbox"/>
Lowest Cloud Condition Height _____ ft agl	Ceiling Height _____ ft agl
Temperature: <u>50</u> (C) or _____ (F)	Dew Point: _____ (C) or _____ (F)
Altimeter Setting: _____ in. Hg or _____ MB	

Wind Direction Variable <input type="checkbox"/> -or- Direction: _____ degrees true	Wind Speed Calm <input type="checkbox"/> Light and Variable <input type="checkbox"/> -or- Speed: _____ kts	Wind Gusts Not Gusting <input type="checkbox"/> -or- Speed: _____ kts	Visibility _____ miles RVR: _____ feet RVV: _____ miles Density Altitude: _____ ft
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Intensity of Precipitation Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Unknown <input type="checkbox"/>	Type of Precipitation (Check all that apply) None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals <input type="checkbox"/>	Restriction to Visibility (Check all that apply) 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 <input type="checkbox"/>
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Icing Forecast <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None <input checked="" type="checkbox"/></td> <td>N/A</td> </tr> <tr> <td>Trace <input type="checkbox"/></td> <td>Rime</td> </tr> <tr> <td>Light <input type="checkbox"/></td> <td>Clear</td> </tr> <tr> <td>Moderate <input type="checkbox"/></td> <td>Mixed</td> </tr> <tr> <td>Severe <input type="checkbox"/></td> <td>Unknown</td> </tr> <tr> <td>Unknown <input type="checkbox"/></td> <td></td> </tr> </table>	Amount	Type	None <input checked="" type="checkbox"/>	N/A	Trace <input type="checkbox"/>	Rime	Light <input type="checkbox"/>	Clear	Moderate <input type="checkbox"/>	Mixed	Severe <input type="checkbox"/>	Unknown	Unknown <input type="checkbox"/>		Icing Actual <table style="width:100%;"> <tr> <th>Amount</th> <th>Type</th> </tr> <tr> <td>None <input type="checkbox"/></td> <td>N/A</td> </tr> <tr> <td>Trace <input type="checkbox"/></td> <td>Rime</td> </tr> <tr> <td>Light <input type="checkbox"/></td> <td>Clear</td> </tr> <tr> <td>Moderate <input type="checkbox"/></td> <td>Mixed</td> </tr> <tr> <td>Severe <input type="checkbox"/></td> <td>Unknown</td> </tr> <tr> <td>Unknown <input type="checkbox"/></td> <td></td> </tr> </table>	Amount	Type	None <input type="checkbox"/>	N/A	Trace <input type="checkbox"/>	Rime	Light <input type="checkbox"/>	Clear	Moderate <input type="checkbox"/>	Mixed	Severe <input type="checkbox"/>	Unknown	Unknown <input type="checkbox"/>		Turbulence <table style="width:100%;"> <tr> <th>Type (Check all that apply)</th> <th>Severity</th> </tr> <tr> <td>None <input type="checkbox"/></td> <td>Light</td> </tr> <tr> <td>Clear Air <input type="checkbox"/></td> <td>Moderate</td> </tr> <tr> <td>Terrain-Induced <input type="checkbox"/></td> <td>Severe</td> </tr> <tr> <td>Convective Turbulence <input type="checkbox"/></td> <td>Extreme</td> </tr> </table>	Type (Check all that apply)	Severity	None <input type="checkbox"/>	Light	Clear Air <input type="checkbox"/>	Moderate	Terrain-Induced <input type="checkbox"/>	Severe	Convective Turbulence <input type="checkbox"/>	Extreme
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NOTAMS (D and FDC), AIRMETS, SIGMETs, PIREPs in effect at the time of the accident/incident:

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

None
Minor
Substantial
Destroyed
Unknown

Aircraft Fire

None
In-Flight
On-Ground

Both Ground and In-Flight
Fire at Unknown Time
Unknown

Aircraft Explosion

None
In-Flight
On-Ground

Both Ground and In-Flight
Explosion at Unknown Time
Unknown

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

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.

ATTACHED

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

Operator/Owner Safety Recommendation

MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)

Was there Mechanical Malfunction/Failure? Yes No
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)

Total Time/Cycles On Part
60 Hours
_____ Cycles

Time Since This Part Inspected/Overhauled
NEW Hours

"O" OIL PRESSURE

FUEL & SERVICES INFORMATION

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

92 Gallons

Fuel Type

80/87
100 Low Lead
100/130

115/145
Jet A
Jet A-1

Jet B
JP8
Automotive

Other, specify _____

Other Services, if Any, Prior to Departure

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

4 OCCUPANTS THREE WALKED OUT - 1 HAD TO BE REMOVED ON A STRETCHER

OTHER AIRCRAFT - COLLISION (If air or ground collision occurred, complete this section for other aircraft)

Aircraft Registration Number

Manufacturer: _____
Model: _____

Damage to Other Aircraft
Destroyed _____ Minor _____
Substantial _____ None _____

Registered Owner of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

Pilot of Other Aircraft

Name: _____
City: _____
State: _____ ZIP: _____
Country: _____

ADDITIONAL INFORMATION (Please type or print in ink)

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

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

Date of this Report _____ <i>mm/dd/yyyy</i>	Name of Pilot/Operator: <u>ROBERT B HINKLE</u> Signature: _____ - or - Check here to electronically sign this document
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If a Person Other than Pilot/Operator is Filing Report

Name: _____ **Title:** _____

Signature: _____

- or - Check here to electronically sign this document

FOR NTSB USE ONLY

NTSB Accident/Incident No. ERA15LA062	Reviewed by NTSB Regional Office Ashburn, VA	Name of Investigator Monville	Date Report Received 2/2/2015
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