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

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

			1. 基础制度。				1		4.0		4473.4		
				第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十		eren ratus eremanlar blankera. Ere en gan a	Acc	ident/Incide	nt Date/Ti	me			
Accident	Accident/Incident Location Nearest City/Place:						Date	: <u>5/29</u> mm/dd/	12016	Loca	al Time:	2:15 _	
ZIP	.cy/я мов: <u>[////</u> Сл	ountry:	54-					mm/dd/	עעעע		- Zone:	_	
Latitude:			Longitude:										
			grees:minutes:seco				Col	lision with C	other Aire	raft: O	Midair	⊘On-ground	None
AIRGRAFILINE ORMATION							le de		*				
Registration Number: N80RK] IFR-Equip _I] Commercia					
Manufacturer: AMEXICAD CHAMPION								_ Commercia _ Unmanned					
Model:	<u>76080</u>							aximum Gro					
Serial N	umber: 12	9- م	(<u>e</u>					eight at Tim					_ lbs
	Manufacture:							ımber of Sea					
	r-Built: OXes		- Kit/Plans Mak	e: <i>ÇITK</i>	BRIA		Cal	bin Crew Seats	s:		Passenger	Seats:	
	ON ₀		Original Design					mber of En	gines:			<u> </u>	
	y of Aircraft		rworthiness Cel	tificate		Landing Ge (Check all the		and a	ł		Type (Se. procating	lect one) O Liqui	d Rocket
Ø Airpla OBalloo		(Check all the Standard				1 .		actable	_	O Turb	o Shaft	O Solid	Rocket
ÖBlimp	/Dirigible	✓ Norma	ĭ ☐ Restrict			Tricycle		_	ilwheel	O Turb O Turb	o Prop	OHybri ONone	id Rocket
O Glider		☐ Aerobs				Amphibis	an	ШH	gh Skid	O Turb		OUnko	
OHelicopter Commuter Special Fli			Flight			oat 🗖Sk	id	O Elect	tric		•		
OPowered Lift Transport Experim ORocket Utility Special			mental			□Si □Si	i/Wheel	Fuel Sv	stem Tvoe	(Reciprocath	ng)		
			mental Light-Sport			unch/Recovery System Carburetor O Fuel-Injected							
OUnknown			or Waiver (COA) Unknown			□ Unknown							
- 1	<u>.</u>	□Моле		71000WII		Littone		Date	Rated Pow		Total	Time	Since:
			Engine			facturer's Number		of Mfg. mm/dd/yyyy	O Horsep O lbs of 3		Time (hours)	Inspection (hours)	(hours)
Engine Eng. i	Engine Manufz		Model/Series	<u>~</u>		Number 8535-39	3A	1996	160		1020	1004	
Eng. 2	L-7 COPPLIA	, CF	202				<u></u>					<u> </u>	
Eng. 3				٠,								<u> </u>	
Eng. 4			<u> </u>		Propeller 1 Fixed Pitch Prope				opeller 2 OFixed Pitch				
Last Ir	spection Type			Propell	er 1	OContro	ollabi	le Pitch	trohe	MEX A	Ō	Controllable	
	our QCon	tinuous Airwo	orthiness			OGroun.			OGround Adjustable Manufacturer:				
O AAIP O Annu		ditional Inspe- nown	ction	Manufac	:turer:	SENSE MUSB	اب ا	<u>-5(-</u>	Mani Mode			_	
1	ast Inspection:		<u>ω_</u>) No				ipment /	Check all tha	t apply)
				IC Vaca		_				S-B			
	ne Total Time: rs measured at <i>(1</i>		hrs	ELT Ma	nufactu	rer: <u>Am<i>e</i> e</u>	<u> </u>	KING-		frame Pan ele of Atta	achute ack Indicate	х	
	ast Inspection		ccident/Incident			o.: <u>Ak - 4</u>			☐ Au	opilot			
	f Maintenance	Program /S	elect one)	180 No.	.: OC91 OC12	(121.5 MHz) 6 (406 MHz)	ye Cs	714 (121.3 IVIII	~/ □ Dat □ □ Elec	Data Recorder Data Recorder Electronic Flight Bag or Handheld Device			
Ø Ann	na1			Wos EL		ounted in airce	raft?	OYes ON	. I □Ele	etronic M	ultifunction	ı Display	
O Cond	litional (Amateur- ifacturer's Inspec	built only)		Was EL	T still co	innected to ant	enns	n? OYes ON		etronic Pr adheld GF	imary Fligl 'S	it Display	
O Othe	r Approved Inspe	ction Program	(AAIP)	Did ELT	Γ Activat	te? ضcs (• t≠C ~C/•/	No. شدند	15 / Ves	□Hea	ads Up Dî	splay		
O Cont	inuous Airworthi	dess		If activ. Did EL 1	<i>atea: (c</i> t [ン 有S <i>FLAS</i> Locating Aircr	raft:	OYes ON		board We: ellite Trac	ather king Devic	:e	
	r, specify: ption of Fire E	v tingwichine	System		ctivated:			_ /	□Sta	ll Warnin;	g System		
Ø Non	e bron or ene re	v-virEntanianinj	, -, -, -, -, -, -, -, -, -, -, -, -, -,	-	<u> R</u> eason	: 🗖 Impact D		ge		leo Record er, Specif	ding Device fv:	В	
O Spe						☐ Fire Dam ☐ Battery F		ed/Damaged			·		
						Unknow							

CONVIDER/OPER/ATTORNIATION	NUONI SEARCHE CONTRACTOR		
Registered Aircraft Owner		Cíty: و	GROAT Barningto
Name: DAVIO L RAUPH		State: MA	<u> </u>
Fractional Ownership Aircraft: O Yes &	No	Country: USA	
Operator of Aircraft Same As Re	gistered Owner	Same Address as Reg	istered Owner
Name:		City:	
Doing Business As:		State;	
Air Carrier/Operator Designator (4 Characte	er Code):	Country:	<u> </u>
Operating Certificates Held (Check all that opply)	Regulation Flight Conducted Un	Revenue Operation (Select one for each gro	for FAR 121, 125, 129, 135
□None □Flag Carrier Operating Certificate (FAR 121) □Supplemental □Air Cargo	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR	431 O Non-Scheduled or A 435 437	
☐ Foreign Air Carriers (FAR 129) ☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135) ☐ On-Demand Air Taxi (FAR 135)	OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	O Passenger O Cargo O Mail Contract Only	
☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137) ☐ Pilot School (FAR 141)	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for (Select one) O Aerial Application	FAR 91, 103, 133, 137 OFirefighting OUnknown
Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft	Transportation oit Transportation License State O Local		OFlight Test OGlider Tow OInstructional OOther Work Use OPersonal
-		O Executive/Corporate O External Load	OPositioning OSkydiving
Revenue Sightseeing Flight OYes ONo	Air Medical Flight OYes O No	O Ferry	, , , , , , , , , , , , , , , , , , ,
AIRPORT INFORMATION (FILE)	ffaccident/incident occurred on ap	proach landing takeom dep	sarture, for within 3 mildes of an alroom
		Distance From Airport C	Center:sm
Airport Identifier:		Direction From Airport:	degrees true
Proximity to Airport: O Off Airport/Airstri	p OOn Airport/Airstrip ON/A	Airport Elevation:	ft. msl
Runway Information		1	ding Surface (Check all that apply)
Runway ID:(L/R/C) Length: Runway/Landing Surface (Check all that a	dam Water	Holes Sn Ice Covered Sn Rough Sn Rubber Deposits So	water-Calm Water-Choppy Water-Glassy Wet Wet Unknown
Approach/Departure Segment (Select one,)	•	
OTaxi OVFR Departure OTakcoff OIFR Departure Proce OInitial Climb	edure/Clearance OOn Instrument Ap	proach ODownwind OBase OFinal OCrosswind	OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown
IFR Approach (Check all that apply) □ None	/ <u>*</u> 40	VFR Approach (Check all	that apply)
□ 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 ☐ Unknown	☐ Traffic Pattern ☐ Straight-In ☐ Valley/Terrain Following ☐ Go Around ☐ Full Stop	☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown

HEIGHT CREWMEMBER PRINTOR HE										
Wellaht Crawmember 1" Responsibilities at the Time of Accident/Incident										
OFilot O Co-Pilot O Student Pilot O Flight Instructor O Check Pilot O Flight Engineer O Other Flight Crew										
"Flight Crewmember 1" was pilot flying										
"Flight Crewmember 1" Identif	fication	-		Cir	ty of Resi	denco: G	eeat (<u>ട്രംസമ</u>	atou	
First Name: The Children Children										
Last Name: <u>QACPH</u>		· <u>-</u>	D CDim		шшу:		/dd/yyyy			
Age at time of Acc	cident/Incident:	Cort	Date of Birt ificate Numbe				5525			
	C4 Oi	Ceir	incate Mumb		raint Typ			In	flatable Re	straints
Degree of Injury O None O Patal	Seat Occupied O Left	Front	O Unknown	1	vailable		sed			
O None O Fatal O Minor O Unknown	O Right		•	"	O None		ONone		Not Instal	<u>l</u> ed
6 Serious		O Single			O Lap onl	ν,	OLap only O3-point		☐ Installed ☐ Not Deple	oyed
Pilot Certificate(s) (Check all the				1	O 3-point O 4-point		O 4-point	Ì	Deployed	
☐ None ☐ Flight Instr ☐ Private ☐ Recreation		nmercial line Transport	☐ US Milit ☐ Foreign		€5-point		O'S-point O'Unknown	. 1	Unknown	1
☐ Private ☐ Recreation: ☐ Student ☐ Sport	ar Flig	tht Engineer			O Unknov	W10.	Ochrown	`		
	at _ 1 47 ·4245 4			Med	lical Cert	ificate Vali	dity	- 	ate of Last	Medical
	dical Certificate	g lass 3		arti	/ ithout limi	itations/waive		known .	71-1-01-	las di
			e (Sport Pilot o	_{niv)} lõw	7jth limitati	ions/waivers	ON/	<u>م</u> ا <u>د</u>	<u>18/2</u> mm/dd/yyy	<u>20</u> 14
		nknown		Os	pecial Issua	atice				
Medical Certificate Limitation	8									
Medical Certificate Special Iss	mance					"				
Wiedical Certificate Special 100										
B										
Date of Last Flight Review		Flight	Review Airca	aft				-		
or Equivalent, Including	-/		Americ		AMPIC	M.	NBOR	.K _		
FAR 121/135 Checks:	5 6 15 15 15 15 15 15		7668						_	
<u> </u>				nt Rating(s	,	Instructor	Rating(s)		_	
	Check all that app		(Check all		´ [(Check all t				
□ None	□ None		☐ None			None	. 53		Instrument A	
☑ Single-Engine Land	☐ Airship		☐ Airplar ☐ Helicop	le vtet]	☐ Airplane	e Single-Engir : Multi-Engin		Helicopter	verrecheer
	□ Balloon □ Glider		☐ Powere			☐ Gyropla	ne		Glider	
☐ Multiengine Sea	Gyroplane					☐ Powerer	1 Lift	L	Sport	
	☐ Helicopter ☐ Powered Lift		_							
Type Ratings						Student E	ndorsemen	its (Include d	lates)	
					Į					
					,					
			Airplane	 -		Inst	rument			T 1_1_1
Flight Time (Enter appropriate	ł " " " " .	This Make	Single	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
number of hours in each box)	Aircraft 362.35	& Model 2 90	Engine 362.35		10.2					
Total Time Pilot in Command (PIC)	36235	Z-1-5	والدادسياسية و		1					
Time as Instructor	70213		_		-					
This Make/Model	:									
Last 90 Days									1	<u> </u>
Last 30 Days		9.2					<u></u>		<u> </u>	
Last 30 Days	 		· · · · · · · · · · · · · · · · · · ·				I	1	1	1

ereterenen	erere suinneoist	MATION								
light Crewmember 2" Re	sponsibilities at the .	TILLY OF TAXABLE		ilot OFlight	Engin	neer O	Other Flight	Crew		Ì
OPilot OCo-Pilot	O Student Prior	* Y. HERI, ******	OT CHECK!	Trot						
light Crewmember 2" wa		es <u>INo</u>		<u> </u>				_		
light Crewmember 2" Ide				City of Resi	idence	e: ·	. ·			<u></u>
irst Name:	<u> </u>	<u>_</u>		State:	(CLUIIV)		ZIP:	1		
Middle Initial:				State:		_				
_ast Name:				Country: _		num /dd/s				
Age at time of	Accident/Incident:		ate of Birth:			_ /////////////////////////////////////	///			
_		Certific	ate Number:	Restraint Ty	_			Infl:	table Rest	raints
Degree of Injury	Seat Occupied		○17-1	["	_	Use	a			
None O Fatal		OFront ORear	O Unknown	Available O None			None	\ _	Not Installe	đ
Minor O Unknown O Serious	1 4 14 500	ÖSingle		O Lap o	mly	Ŏ	Lap only		Installed Not Deploy	ed
Pilot Certificate(s) (Check of	all that apply)			O 3-poi O 4-poi			3-point 4-point	1 5	Deployed	
□ None □ Flight	Instructor: D Com	mercial	US Military	O 5-poi		0	5-point		Unknown	
☐ Private ☐ Recre	ational Airli	ine Transport ht Engineer	☐ Foreign	O Unka	10WD	0	Unknown			
☐ Student ☐ Sport		,,,, , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			425			Da	te of Last N	/ledical
Principal Occupation	Medical Certificate	:		Medical Ce				own		
O Pilot	O None OC	lass 3	(Sport Pilot only)	O With limit	O Without limitations/waivers O Unknown O With limitations/waivers O N/A		l	mm/dd/yyyy	-	
O Other	O Class 1 O Di	uknown uvet a ricense	(Sport 1 not om))	O Special Is	suance	<u> </u>				
O Unknown Medical Certificate Limit	<u> </u>									
Date of Last Flight Revie or Equivalent, Including	w	_	eview Aircraft			<u>-</u>				
FAR 121/135 Checks:	mm/dd/yyyy						_			<u> </u>
	Other Aircraft		Instrument 1			structor R				
Airplane Rating(s) (Check all that apply)	(Check all that app	ply)			, ,	heck all that	(apply)	П	astrument Air	rplane
☐ None	□ None		None		lΠ	None Airplane Si	ingle-Engine		nstrument He	licopter
☐ Single-Engine Land	☐ Airship ☐ Balloon		☐ Airplane ☐ Helicopter			Airplane M	Iulti-Engine	L F	☐ Helicopter ☐ Glider	
☐ Single-Engine Sea ☐ Multiengine Land	☐ Glider		☐ Powered L	ift	ᅵ님	Gyroplane Powered L	ift		port	
Multiengine Sea	☐ Gyroplane ☐ Helicopter				-	X 0 11 44 4				
	Powered Lift		<u> </u>		+ 54		lorcoments	(Include do	tes)	
Type Ratings) 30	nnent em	IOI SCINCIA	(2//0	,	
· ·										
									τ	ι
 			Airplane	Airplane		Instr	ument		,	Ligt Than
Flight Time (Enter appro number of hours in each box	priate All Aircraft	This Make & Model	Single Engine		ight_	Actual	Simulated	Rotorcraft	Glider	Loan
Total Time	y					 		<u> </u>	 -	
Pilot in Command (PIC)								 	 	1
Time as Instructor										
This Make/Model							-			
Last 90 Days						 -		-	 	_
		1		1			L			_
Last 30 Days								1		<u> </u>

	HISREWMEN	ERS (xclusive	of cabin crew	, complete ti	ie jollowing	information)		
Crew Name and Addre					•		Seat Occupied		Injury
First Name: Middle Initial: Last Name:		State	»; _ <u></u>	e: ZII	P:		O Center O Right	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
							Restraint Type		Inflatable
☐ Private ☐ Student Type Rating/Endorsen Accident/Incident Airc	Flight Instructor Recreational Sport ment for Taft? Yes	Airl	of this A	ght Time at t	gn the Time ent:		Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	None Lap Only 3-point 4-point 5-point Unknown	Restraints Not Installed Installed Not Deployed Deployed Unknown
Dy Digwern general geography and medical services in the Delivery of the new local participation and the Section 2015.		anne de la company	namenal ergo) i d'Aren er	ya 1920 yang bangan katalon da ka Katalon da katalon da k	minosites (miles transfer to company	en in 1940 (in som <u>a personala</u>	Seat Occupied		<i>Injury</i>
Crew Name and Address First Name: Middle Initial: Last Name:		Stat	te:	ce:Z	iP:	_	OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (C) None Private Student Type Rating/Endorser	☐ Flight Instructor ☐ Recreational ☐ Sport	Air			ign the Time	hrs	Restraint Typ Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	e: Used O None Lap Only 3-point 4-point 5-point Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown
Accident/Incident Air	eraft? Tyes	NNE	(includese	abin crew.cc	ntinue on se		aulf necessary)		
		والالمستخفرة ويوام والمتراك			Injury			Milarabic	1.
Name and Address First Name: Tigmon				· create	THIM V	Restraint '	Type	Restraints	Age
Middle Initial:	State: MA VAN Country: L OPassenger	SA-	HIS 222 Other	OLeft OCenter ORight OUnknown Lean	O None O Minor O Serious	Available ONone OLap Only O3-point O4-point O5-point OUnknow	Used O None O Lap Only O 3-point O 4-point O 5-point	☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown	Under 5 years
Last Name: Succ	Passenger City: State: Country:	OC ZIP:	Other	OLeft OCenter ORight OUnknown DeAnL Row: OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal	Available O None O Lap Onli O 3-point O 4-point O Unknow Available O None O Lap Onli O 3-point O 4-point O 4-point	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 O 4-point O 5-point	□ Not Installed □ Installed □ Not Deployed □ Unknown □ Not Installed □ Installed □ Not Deployed □ Unknown	Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown
Last Name: Succ	Passenger City: State: Country: City: State: State: State:	ZIP:	Other Other	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Available O None O Lap Onl O3-point O4-point OUnknow Available O None O Lap Onl O3-point O 4-point	Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point Used O None	□ Not Installed □ Installed □ Not Deployed □ Unknown □ Not Installed □ Not Deployed □ Unknown □ Not Installed □ Not Deployed □ Unknown □ Not Installed □ Not Deployed □ Unknown	I Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown I Under 5 years If Under 5, O Child Restrain O Lap-Held O Unknown

MERENENESARVANIA	ORMATICAL				<u> </u>	Type Flight	t Plan Filed	Manager Commencer (1997)
(MESSERVEIN STATES STATES	Time o	f Departure	Destination		/ 4 :	Type rugo		FR/IFR
ast Departure Point	· \ \ \ \ \		Airport ID:	KGBR/	CTOY	O None O Company	VER OI	
Airport ID: <u>MEOB</u>	Time: 🚅	5:00	C C	MT PARKE	natom MAt	O Company Military	VFR OÛ	nknown
			City: C -stz-5	100	·	Ø VFR		
City: BINGHAM State: ME MATINE 04	Time Ze	one: <u>ESI</u>	State: AA	<u> </u>		Activated?	OYes ONe	OUnknow
itate: NE 1-01256			Country: K	BR HAD	LIGHTI	ACHTACCA		
Country: <u>USA</u> Type of ATC Clearance/Service	e (Check all that at	ply)		_	7 P 1 - F - 11		Cruise	
	ecial VFR	☐ Specia	1 IFR	Ļ	☐ VFR Flight Follo ☐ Traffic Advisor	, ,	Unknown /	/NA
	R	□ vfr.0	n Top	<u>_</u>	1 Tame Advisory			
☑VFR ☐ IF. Airspace where the accident/in	-ident occurred	Check all that app	oly)				Altitude of	
	clocut occursed				□Special □Air Traffic Cont	rol Area	Occurrenc	
□ Class A ⊟ ¬	ass G mo Area	☐ Airpor	t Advisory Are	ea l	∐Unknown	(O) MICO	1500	ft.msi
	arning Area	Jet Tra	ining Area		□ Cukiro		,——	
	ohibited Area	TRSA						
Li Class //	a transfer Alaba	☐ FAR 9	73	- Company of the Comp			THE RESERVE	
Class E DRE	ONATHE	accident/	Neiden	USUE S		EVENTAGE STATE	A SHE SHE SHE STORES AND THE SHE SHE	
Source of Pilot Weather Infor	mation							
(Check all that apply)				Facility ID:			-	
National Weather Service	. Comp			Observation Tir	ne:			
Flight Service Station	☐ Milita	гу						
TY/Radio	intern			Three Zone.	Accident Site:		nm	
Cantomated Report	None							
Commercial Weather Service (I	OUATS) 🗖 Unku	own		Direction from	Accident Site:		degrees a ac	<u>-</u>
On-Board Weather		Light Condition						,
Basic Conditions			ØĎusk	O Dark	Night O	Jnknown		
OVMC		ODawn ODay	ONight		ht Night			
⊘ TMC	0	ODay	C11igus					
O Unknown		G.W			Temperatur	e:	_(C) or	(F)
Sky/Lowest Cloud Condition		Ceiling	G	で bscured	I			
L O Class	Thin Broken	O None (Clear) O Broken	č	Indefinite	Dew Point:		(C) or	
OFew	Thin Overcast	@ Overcast		Unknown	Altimeter Se	etting:	in. Hg	
O I alitat Coppetitution	Unknown	001010101			Althurston	or	in. Hg MB	
O Scattered	inht	Ceiling Heigh	t		\ \\/\	14		
Lowest Cloud Condition He	ft agl	1800	>	ft agl	/4/	,,,		
1800	—); agi				7 22 27 27 27 27 27 27 27 27 27 27 27 27		28	
Wind Direction	Wind Speed		Wind Gust		Visibility		miles	
	El Calm		Not Gust	ting	R.	VR:	feet	
☑ Variable	Light and Var	able	_		l R	VV:	miles	
	-or-	,	-or-				f	t
-or- Direction:degrees true	Speed:	kts	Speed:	kts	Density Alt	ituae:		
		tation (Check all	that apply)		1	to A 1810 YILLA	Check all that	· ~F K *V/
	Type of Precipi	\ <u>-</u>					= ~~a	
Intensity of Precipitation			☐ Freez	ing Rain	☐ None	z Dust	☐ Ctonng vox	
Intensity of Precipitation	□ None	☐ Drizzle ☐ Ice Pellets	☐ Freez ☐ Snow	Shower	□ Blowing		☐ Ground Fog	
Intensity of Precipitation OLight Verry OModerate	□ None □ Rain	☐ Drizzle ☐ Ice Pellets ☐ Snow Pelle	☐ Freez ☐ Snow sts ☐ Ice Po	Shower ellets Shower	☐ Blowing	g Sand Snow	∏Haz e □ Ice Fog	
Intensity of Precipitation OLight Verry OModerate OHeavy	□ None	☐ Drizzle ☐ Ice Pellets ☐ Snow Pelle ☐ Snow Grain	☐ Freez ☐ Snow sts ☐ Ice Pons ☐ Freez	Shower	☐ Blowing ☐ Blowing ☐ Blowing ☐ Blowing	g Sand g Snow	☐ Haze ☐ Ice Fog ☐ Smoke	
Intensity of Precipitation OLight Very OModerate OHeavy ON/A	None Rain Snow	☐ Drizzle ☐ Ice Pellets ☐ Snow Pelle	☐ Freez ☐ Snow sts ☐ Ice Pons ☐ Freez	Shower ellets Shower	☐ Blowing ☐ Blowing ☐ Blowing	g Sand g Snow	∏Haz e □ Ice Fog	
Intensity of Precipitation OLight Verry OModerate OHeavy	None Rain Snow Hail	☐ Drizzle ☐ Ice Pellets ☐ Snow Pellet ☐ Snow Grai	Freez	Shower ellets Shower	Blowing Blowing Blowing Blowing Dust	g Sand g Snow g Spray	☐ Haze ☐ Ice Fog ☐ Smoke	
Intensity of Precipitation OLight Very OModerate OHeavy ON/A OUnknown	None Rain Snow Hail	Drizzle Drizzle Drizzle Sow Pellets Snow Pelle Snow Grai Drize Crystal	Freez	r Shower ellets Shower zing Orizzle	Blowing Blowing Blowing Blowing Dust	g Sand g Snow g Spray	Haze Ice Fog Smoke Unknown	
Intensity of Precipitation OLight Very OModerate OHeavy ON/A OUnknown Icing Forecast Amount Type	None Rain Snow Hail	Drizzle Drizzle Drizzle Sow Pellets Snow Grai Drize Crystal Leing Actual Amount	Freez Snow its General Freez s Type	r Shower ellets Shower zing Drizzle	Blowing Blowing Blowing Blowing Dust	g Sand g Snow g Spray	Haze Ice Fog Smoke Unknown Unknown	erity ight
Intensity of Precipitation OLight Very OModerate OHeavy ON/A OUnknown Icing Forecast Amount Type	None Rain Snow Hail	Drizzle Drizzle Drizzle Drizzle Snow Pellets Drizzle	Freez Snow Its Ics Preez s Type	Shower ellets Shower zing Drizzle	Blowing Blowing Blowing Blowing Dust Turbulence Type (Che	g Sand g Snow g Spray e e eck all that app	## Haze Ice Fog Smoke Unknown Off) Sev.	erity ight 1oderate
Intensity of Precipitation OLight Very OModerate OHeavy ON/A OUnknown Icing Forecast Amount Type ONone ON/A OTrace ORime	None Rain Snow Hail	Drizzle Drizzle Drizzle Drizzle Snow Pellets Snow Grai Drice Crystal Drizzle Amount Orlone O Trace	Freez Snow Its Ics Preez s Type	r Shower ellets Shower zing Drizzle A	Blowing Blowing Blowing Blowing Dust Turbulence Type (Che	g Sand g Snow g Spray e eck all that app in	### Haze Ice Fog Smoke Unknown Unknown Ice Fog Unknown Ice Fog Ice Fog	erity ight 1oderate evere
Intensity of Precipitation OLight Very OModerate OHeavy ON/A OUnknown Icing Forecast Amount ON/A OTrace OLight OClear	None Rain Snow Hail Rain Showers	Drizzle Drizzle Drizzle Drizzle Snow Pellets Snow Grai Drize Crystal Drize Crystal Amount Orlone O Trace O Light	Freez Snow Its Ice P Ins Freez Type ORi	r Shower ellets Shower zing Drizzle 'A ime lear	Blowing Blowing Blowing Blowing Dust Turbulence Type (Che	g Sand g Snow g Spray e e eck all that app	### Haze Ice Fog Smoke Unknown Unknown Ice Fog Unknown Ice Fog Ice Fog	erity ight 1oderate
Intensity of Precipitation O Light Very O Moderate O Heavy O N/A O Unknown Icing Forecast Amount Type O None O N/A O Trace O Rime O Light O Clear O Moderate O Mixed	None Rain Snow Hail Rain Showers	Drizzle Drizzle Drizzle Drizzle Drizzle Snow Pellet Snow Grai Drice Crystal Amount Amount Orlone O Trace O Light O Moderate	Type	r Shower ellets Shower zing Drizzle 'A ime lear	Blowing Blowing Blowing Blowing Dust Turbulence Type (Che	g Sand g Snow g Spray e eck all that app in	### Haze Ice Fog Smoke Unknown Unknown Ice Fog Unknown Ice Fog Ice Fog	erity ight 1oderate evere
Intensity of Precipitation O Light V 2 2 4 O Moderate O Heavy O N/A O Unknown Icing Forecast Amount Type O None O N/A O Trace O Rime O Light O Clear O Moderate O Mixed O Severe O Unknown	None Rain Snow Hail Rain Showers	Drizzle Drizzle Drizzle Drizzle Snow Pellets Snow Grai Drize Crystal Drize Crystal Amount Orlone O Trace O Light	Type	r Shower cllets Shower zing Drizzle A ime lear lixed	Blowing Blowing Blowing Blowing Dust Turbulence Type (Che	g Sand g Snow g Spray e eck all that app in	### Haze Ice Fog Smoke Unknown Unknown Ice Fog Unknown Ice Fog Ice Fog	erity ight Aoderate evere
Intensity of Precipitation O Light Very O Moderate O Heavy O N/A O Unknown Icing Forecast Amount O None O N/A O Trace O Light O Moderate O Mixed O Severe O Unknown	None Rain Snow Hail Rain Showers	Drizzle Drizzle Description Snow Pellets Snow Grai Description Ice Crystal Icing Actual Amount Office Offi	Type	A Shown	Blowing Blowing Blowing Blowing Dust Turbulence Type (Che Rone Clear A Terrain Convec	g Sand g Snow g Spray e eck all that app in Induced	### Haze Ice Fog Smoke Unknown Unknown Ice Fog Unknown Ice Fog Ice Fog	erity ight Aoderate evere
Intensity of Precipitation O Light V 2 2 4 O Moderate O Heavy O N/A O Unknown Icing Forecast Amount Type O None O N/A O Trace O Rime O Light O Clear O Moderate O Mixed O Severe O Unknown	None Rain Snow Hail Rain Showers	Drizzle Drizzle Description Snow Pellets Snow Grai Description Ice Crystal Icing Actual Amount Office Offi	Type	A Shown	Blowing Blowing Blowing Blowing Dust Turbulence Type (Che Rone Clear A Terrain Convec	g Sand g Snow g Spray e eck all that app in Induced	### Haze Ice Fog Smoke Unknown Unknown Ice Fog Unknown Ice Fog Ice Fog	erity ight Aoderate evere

	d dynnmagelengeønnen setzangara		MEHERY OF THE WEST	PRINCE TO STREET STREET	
I	Aircraft Damage O None O Substantial O None	Aircraft Fire None In-Flight 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)

NONREPAIRABLE

NARRATIVE HISTORY (OF FLIGHT (Pléake type of print in lok) 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.

ON 5/29/2016 IN VFR CONDITIONS I Found myser Cought in IMC Conditions AND STRUCK A MOUNTAIN WHILE TRYING TO Climb to SAFE ALTITUDE

RESOMMENDATION (LOV	eouldekii rajeajdani/injeldenijaleyea bigʻidi.	revented:)///	
Operator/Owner Safety Recomme	endation		
BETTER WEATH	a understanding A	IND MANKGEMENT,	
MEGLANICAS MAUEUN	CHICON/PAILURE (tremoré apaces	meeded, continue of separate sheet)	
Was there Mechanical Malfunc	tion/Failure? 🔲 Yes 🛂 No facturer, part no., serial no., and describe the fi	illamo)	Total Time/Cycles On Part
(if yes, tist the name of the part, manu-	gacturer, part no., seriai no., and describe me jo	um e.y	Hours
			Cycles
			Time Since This Part
			Inspected/Overhauled
			Hours
gauae/asiaevioesiine	abratian was		
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	Fuel Type O 80/87 O 100 Low Lead O Jet A Gallons O 100/130 O Jet A	O JP8	ify
Other Services, if Any, Prior to		-1 VALOMONO	
EVACUATION DE AIRC	PARES		
Was an emergency evacuation		□ No	
Method of Exit – Describe how Awd MEEDED MEDIC	the occupants exited and how many occup (NL ATTENTION)	ants evacuated each location EXITES	OUT RIGHT SIDE
		a ningga sagasta a konstrukturan saga sang saga saga saga saga saga sa	
Atracast Registrative Number	Manufacturer.	occurred, complete this section for others	Damage to Other Aircraft Destroyed D Minor
Registered Owner of Other Air	Model:	Pilot of Other Aircraft	3ubstantiat None
Name:	· · · · · · · · · · · · · · · · · · ·	Name:	
City: ZIP:		City: ZIP:	
Country:		Country:	19.11

ADDITIONAL INC	ORMATIC	DN (Riess type or print in link)		
Use this space if addit	ional space	is needed for any answers.		•
:				
				•
				•
APPRESENTATION OF PROPERTY OF THE PROPERTY OF				
	The state of the s	LE ABOVE INFORMATION IS: COMPL		<u> </u>
Date of this Report	Name of	Pilot/Opegator: David L PALL	064-	A SA A STORY
mm/dd/yyyy	Signatur – or	e:Check here to electronically sign this	document	
If a Person Other the	an Pilot/Op	perator is Filing Report	1.01.101.007	1. U V
Name:			Title:	<u></u>
		,		
or 🔲 C	heck here t	o electronically sign this document		
		FOR NTSB		
NTSB Accident/Incident		Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
ERA16CA197		ERA	Alleyne	8/29/2016