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

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

F/ASI	(G) IN ROLLING	MION!								11.14			100
	nt/Incident Loc	ation O D	RA150			Thin		ident/Incid	ا / حسر و او	(ime		2/21	200
	11 30 <del>13</del>		TO THE TOTAL	) (1)	State:	ا، راولالهائد	Date	e: <u> </u>	· • • • • • • • • • • • • • • • • • • •	Lo	real Time: <u>J</u>	<u>3(30</u>	441
ZIP:	<b>11</b> (T / - 1 1 1	Country:	Longitude: 08	<del>70 r</del>	15/21/	4	i	fliffi www	<i>117979</i>	Ti	ime Zone: _	WN1	KHU
Laum		I decrees or c	Longitude:degrees:minutes:sec	A.L	<u> </u>	) ~	Cal		Other Air		— MiAair		None
				DUTAMA,			Con	lision with	Other And	crait: C	) Midan	OOn-groum	ф Муропе
AIRO	rvaetaineo	R M/AVILLO	NETTER		400			A. P. Kirid				6.7	
Registr	ration Number:	<del></del>	<del></del>					MIFR-Equip ■ Commerci					
	facturer:	<del>LĬĂCK</del>	<u> </u>					Unmanned					
Model:		<u>80 _</u>						aximum Gr	_		400	lbs	
	Number:	102/	7				We	eight at Tin	ae of Accid	lent/Inci	.dent:	<del></del>	lbs
	f Manufacture:		<u> </u>					mber of Sea			Flight Cre		<u> </u>
Amateu	ur-Built: OYes <b>£N</b> o	•	OKit/Plans Mal OGriginal Design					oin Crew Seat			Passenger	r Scats:	<u>}</u>
	ory of Aircraft					ال مرافعية (25		mber of En	igines:		T /0.	\	1
Catego Airpl		(Check all ti	** */	Timeace		Landing Ge: (Check all tha		2 <i>ly)</i>	,		e Type <i>(Se</i> iprocating	<b>O</b> Liquío	d Rocket
OBallo	юп	Standard Norma				<u> </u>		ctable	ļ	O Τարե	bo Shaft	OSolid:	Rocket
O Glide		Aerob:	oatic 🔲 Limiteo	:d		Tricycle		<b>□</b> T:	ailwheel	O Turb	ba Prap 50 Jet	O'Bybrid O'None	id Rocket
O Gyroj O Helio		☐ Balloo	=		ļ	☐ Amphibian ☐ Emergency			ligh Skid	O Turb	oo Fan	OUnkno	owa
<b>O</b> Powe	ered Lift	☐ Transp	port 🗖 Experi	mental	j	☐ Float	y Fic.	□sk	ki	C Enc.	inc		
O Rock O Ultrai	light	Utility	<del></del>	i Light-Spe mental Lig		□ Hull		_	ki/Wheel			(Reciprocatin	Т
OUnkn			e of Authorization	or Waiver		Other Lau	nch/R			<b>X</b> Cam	uretor	○ Fuel-I	injected
		None		Unknown		□ None			Inknown		I	T	1
		1	Engine			acturer's		Date of Mfg.	Rated Power	ower or		Inspection	Since: Overhaul
Engine Eng. 1	Engine Manufa		Model/Series	ComM		Number	+	mm/dd/yyyy	180	Thrust	(httpurs)	(hours)	(hours)
-Bag. Z		140		A 24	<u> </u>		十		100		417	******	1)~10~
Charge 3							丁						
Eng/4			<u> </u>	Transall		Pixed Pi	L		Th			The America	
	aspection Type		ļ	Propello	er 1	Controll	labl <del>e</del> F		Prope	Her Z	Ō	Fixed Pitch Controllable P	itch
OAAIP	O Cond	inuous Airwo: Litional Inspec		Manufac		OGround 21 <i>はも</i> のん☆			Man	ıfacturer:	P19	Secured Adjust	table
O Annus	al <b>O</b> Unkn	nown	حريض			740m6		<u></u>	Model	_		SILLA	
Date La	ast Inspection: _	3/15 mm/dd/vv		ELT Ins		OYes 00						Check all that	annho)
Aîrfran	ne Total Time: _		704 hrs	If Yes:		, ,			☐ ADS	S-B		PHONE THE TAXABLE	appro,
_	rs measured at (Se	4		L .	mufacture r Part No.				☐Ang)		echute ek Indicator	ıτ	
			ocident/Incident			(121.5 MHz) O	)C91a	121.5 MH2	Auto				
Type of Annue	Maintenance P al	rogram (aet	lect one)		OC126	(406 MHz)			Elect	tronic Flig	ght Bag or I	Handheld Dev	rice
O Condi	itional (Amateur-b			Was EL7	f still mot	unted in aircraf meeted to anten	ስ? <b>ር</b>	ONO SEYC	Elect	tronic Ma	Itifunction : mary Flight	Display	
	facturer's Inspection Approved Inspecti		(AAIP)			? OYes ON		Dies Our	Hand	dheld GPS	s	Dispray	
O Contir	nuous Airworthine		,,	If activa		·* = 4.5	_		□Onbo	ds Up Disp oard West	ther		
	, specify: tion of Fire Ext		Curtom	If not ac		ocating Aircraft	ب ::	Yes Uno	Satel		cing Device	;	
None 🛇	,	mkasams	Зумещ	Indicate 1		☐ Impact Dam			□Vide	o Recordi	ing Device		
O Speci	fy:					☐ Fire Damage ☐ Battery Exp		Nand	Othe	x, Specify:	ī		
				ı		Unknown	Let T	Jamageu					

SOWNER/OBERATION INFORM	AS I LO NET PROPERTY AND ASSESSMENT		
Registered Aircraft Owner	- > -	PSON City: VALPARA 188	_
	WALKE CAR	1000 State: 1000 ZIF: 46383	
Emilian Maria	THE OTHERD	Country: USA	_
Operator of Aircraft Same As Re	egistered Owner	Same Address as Registered Owner	_
Name: RORERA LIPI	DUTAR CHIE	City:	
Dong Dusiness As:		State: ZIP:	
Air Carrier/Operator Designator (4 Charact	er Code):	Country:	
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted 1	(Select one for each group)	
□None □Flag Carrier Operating Certificate (FAR 121) □Supplemental □Air Cargo □Foreign Air Carriers (FAR 129) □Rotororaft External Load (FAR 133) □Commuter Air Carrier (FAR 135)	OFAR 103 OFAR 133 OFA OFAR 121 OFAR 135 OFA OFAR 125 OFAR 137 OFA OFAR 91 Special Flight O Non-US, Commercial	AR 415 AR 431 O Scheduled or Commuter O Domestic O Non-Scheduled or Air Taxi O International AR 437 O Passenger O Cargo O Mail Contract Only	
□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	O Non-US, Non-commercial  O Public Aircraft (Select one) O Armed Forces O Federal O State O Local OUnknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)  O Acrial Application OFirefighting OUnknown O Acrial Observation OFlight Test O Air Drop OGlider Tow O Air Race/Show OInstructional O Banner Tow Oother Work Use O Business OPersonal O Executive/Corporate OPositioning	,
		O External Load OSkydiving	
Revenue Sightseeing Flight	Air Medical Flight O Yes 50 No	Ferry	
OYS ANS MREORIGINEORMANDINGENS	OYes <b>y</b> No Di accidentinationico comedianis	approach landing takeon, departuse viewitain Finilescol an amport	
OYES ANO AIRPORT INFORMATION (EIII) AIRPORT Name: PONGUE	DOUTY REGIONA	approach landing takeon, departuse viewitain Finilescol an amport	
AIRPORT INSORMATION (E) Shi Airport Name: PONGOUC Airport Identifier: KUPZ	OYES JONO  BESCHOOLS REGIONS  BONTY REGIONS	approacts landing, takeout departite convitain funites of ancainport  Distance From Airport Center:	i i i
AIREGRE NEORMATION (EIII)	OYES JONO  BESCHOOLS REGIONS  BONTY REGIONS	Springer Spr	16.5
AIRPORT INSORMATION (E) Shi Airport Name: PONGOUC Airport Identifier: KUPZ	OYes No  BrackBentonendehrotecunteuring  BONTY REGIONA  P ROn Airport/Airstrip ON/A	approacts fauding, takeout, departite of within families of given inport  Distance From Airport Center:	<b>1</b>
OYCS ANO  AIRPORT INFORMATION (EIIISING Airport Name: PORCIOC Airport Identifier: VPZ Proximity to Airport: OOff Airport/Airstrip Runway Information	OYes No  Different on a control of the control of t	approach fauding takeout departite of within funder of given inject  Distance From Airport Center:  Direction From Airport:  Airport Elevation:  Condition of Runway/Landing Surface (Check all that apply)	
Airport Name: POWER Airport Name: POWER COMMENSATION (Elliant Airport Identifier: Proximity to Airport: OOff Airport/Airstrip Runway Information Runway ID: 27 (L/R/C) Length: Runway/Landing Surface (Check all that a Asphalt Grass/Turf Maca Concrete Gravel Meta Snow Approach/Departure Segment (Select one)	OYes No  DE accident uncident occurred for a boot Y Regional Property Airstrip ON/A  P Non Airport/Airstrip ON/A  OOO ft Width: ft apply)  adam   Water Wood   Unknown	### Property   Propert	
Airport Name: POR Airport Cairont Identifier: Proximity to Airport: Off Airport/Airstrip Runway Information  Runway Information  Runway/Landing Surface (Check all that a Asphalt Grass/Turf Maca Masphalt Grass/Turf Maca Masphalt Grass/Turf Maca Masphalt Gravel Meta Snow  Approach/Departure Segment (Select one)  OTski OVFR Departure  OTski OVFR Departure  OTski OVFR Departure  OTski OVFR Departure	OYes No  DE ACCEPTURATION OF REGIONA  P NON Airport/Airstrip ON/A  OOO ft Width:ft  Apply)  Adam	### Property   Propert	
Airport Name: POCAIRDNE (Ellish)  Airport Name: POCAIRDNE (Ellish)  Airport Identifier: Proximity to Airport; O Off Airport/Airstrip  Runway Information  Runway ID: POCAIRDNE (Check all that a Chasphalt Grass/Turf Macair Macai	OYes No  DE ACCEPTURATION OF REGIONA  P NON Airport/Airstrip ON/A  OOO ft Width:ft  Apply)  Adam	Direction From Airport Center:  Direction From Airport:  Airport Elevation:  Condition of Runway/Landing Surface (Check all that apply)  Dry Snow-Compacted Water-Calmel Water-Calmel Snow-Dry Water-Glassy Rough Snow-Wet Wet  Rubber Deposits Soft Slush-Covered Vegetation Unknown  Approach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind Unknown	
Airport Name: POR Airport Cairont Identifier: Proximity to Airport: O Off Airport/Airstrip Runway Information  Runway Information  Runway/Landing Surface (Check all that a Asphalt Grass/Turf Maca Gravel Meta Snow  Approach/Departure Segment (Select one) O Taxio O VFR Departure O Takeoff O Initial Climb  IFR Approach (Check all that apply)	OYes No  DE ACCEPTURATION OF REGIONA  P NON Airport/Airstrip ON/A  OOO ft Width:ft  Apply)  Adam	### Distance From Airport Center:	

WENGET CREWMEMBER MAINFORMATION										
"Flight Crewmember 1" R					<b>○</b> □		<b>~</b> ~ ~ ~			
∰Pilot O Co-Pilot "Flight Crewmember 1" w		OFlight Ins es 🔲 No		Check Pilot	Orng	ght Engineer	O Other	Flight Crew		1
"Flight Crewmember 1" Id		25							· J _	-
First Name:	SC DSV				City of R	esidence:	<b>Urin</b> D	$\langle \langle \langle \rangle \langle \phi \rangle \rangle$	4/4	
Middle Initial:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				C.n.a	700 W	ACLIN	7ID. 4	过代7	
Last Name: CAN	26W				•	•	the '	ZIP:	10° /	
	of Accident/Incident:	76	Date of Birth		Country:		mm/dd/yyyy			,
nge at time o	A Accident mercent					- "	nmuuaryyyy			+
Degree of Injury	Seat Occupied	C-61	tificate Numbe		-t-sint T			<del></del>		-1
None O Fatal	1.4	) Front	() Unknown		estraint T			1	Iofiatable R	Lestraints
O Minor O Unknown	O Right C	Rear	U	1	Available O None		Used O None		Not Inst	telled.
O Serious		Single			<b>∑</b> xLapo	only	OLap on		📶 Installed	d
Pilot Certificate(s) (Check a					03-poi 04-poi	int	O 3-point O 4-point		☐ Not Deg	
☐ None ☐ Flight ▼☑ Private ☐ Recres	Instructor	nercial e Transport	☐ US Milits t ☐ Foreign	агу	O 4-pon O 5-pon		O 5-point	t		
Student Sport		t Engineer	L . V		O Unkn		O Turkno	Win	_	
				<del></del>			•			ļ.,.,.
	Medical Certificate	_				rtificate V:			Date of Las	t Medicai
O Pilot Sp Other	None O Class Control O Class I		st (Sport Pilot on)			mitations/wa ations/waive		Undknown N∕A		
Z Unknown	O Class 2 O Unk		п (орган		Special Issu				mm/dd/yy	עני
Medical Certificate Limitat	tions									
'										
Medical Certificate Special	l Issuance							_		T
Date of Last Flight Review		Flight P	Review Aircrat	ıft						+
or Equivalent, Including FAR 121/135 Checks:	110NE	Make:								
PAR 121/133 CHARS.	mm/dd/yyyy	Model:								+
Airplane Rating(s)	Other Aircraft Rat		Instrument	t Rating(	(a)	Instructo	or Rating(s)	<u> </u>		+
(Check all that apply)	(Check all that apply)		(Check all the		"		that apply)			
None	None		☐ None		1	☐ None		ŗ	_ Instrument A	
Single-Engine Land  Single-Engine Sea	☐ Airship ☐ Balloon		Airplane Helicopter		1	Airplan	ne Single-Eng	gine 🖺	Instrument H	
☐ Multiengine Land	☐ Glider		☐ Helicopter ☐ Powered I	r Lift	. 1	☐ Airplan ☐ Gyropl:	ne Multi-Engi lane		☐ Helicopter ☐ Glider	
Multiengine Sea	Gyroplane Helicopter				- 1	D Powere			Sport	
	Powered Lift				Ī	1				
Type Ratings						Student I	Endorsemer	nts (Inolude	dates)	-
						i		•	War	
ı										1
					1		•			
	<del></del>		Airplane							
Flight Time (Enter appropriate number of hours in each box)	, , , , , , , , , , , , , , , , , , , ,	Make	Single	Airplane			rument	1		Lighter
Total Time	Aircraft & M	Aodel .	Engine M	fultiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)	-	<del></del>			<del> </del>		ļ	<del></del>	<u> </u>	
Time as Instructor	<del>                                     </del>		<del></del>		<del> </del>	+		<b> </b>	<del>  </del>	
This Make/Model	<u> </u>			المساحدة	_	<del> </del>	!			
Last 90 Days					<b>-</b>	<del> </del>	<u>                                     </u>			
Last 90 Days			<del></del>		+	ļ	<b></b>	<del></del>	<del>                                     </del>	
Dast 50 Days	<del> </del> -		<del></del>		<del> </del>		<b></b>		<del>                                     </del>	

		ORMATI		CONCRETE STATEMENT SECURITION OF SECURITION	統治時間前時代		APPEARING THE PROPERTY OF THE	的地名的西班拉斯	<b>那些能不是是好的大概用的发光</b>	- Charles Charles
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot & Co-Pilot O Student Pilot OFlight Instructor O Check Pilot OFlight Engineer O Other Flight Crew										
"Flight Crewmember 2" w		·	7No			<del></del>		<b></b> -		
"Flight Crewmember 2" Id	lentification	• • • • • • • • • • • • • • • • • • • •	•		• "		24 0 /	// · · ·		
	MAI			c	ity of Re	sidence;	POR	$\omega \nu$		
Middle Initial: J									<b>₽</b> ⊜₿ċ	•
Last Name: KQ171	2.17					1-1	$\mathcal{L}_{\mathcal{L}}$	шт	<u> </u>	1
	A a side at Conside		Date of Bir		ountry:		n/dd/yyyy			
Age at time of	Accident/Incide		Date of Br ertificate Numb				н/аа/уууу			
Degree of Injury	Seat Occur		TRIICAG NUM		straint T	Viena	,		Inflatable F	
7 None O Fatal	OLeft	OFront	OUnknow			• •		1	Innatable c	Cestramis
O Minor O Unknown	Minor Q Unknown Right ORear Available Used							alled		
O Serious	O Center	OSingle			Ŏ Lap o	only	O Lap onl		☐ Installe	đ
Pilot Certificate(s) (Check a			T		O 3-poi O 4-poi		O 3-point O 4-point		□ Not De <sub>l</sub> □ Deploye	
☐ None ☐ Flight ☐ Private ☐ Recres		Commercial Airline Transpe	US Millort Foreign		<b>O</b> 5-poi	int	O 5-point	1	Unknov	
Student Sport		Flight Enginee			O Unka	<b>ζό</b> Ψη	O Unknow	×π		
P O	* C32 a.a.1 (**) a.a.466	-4-		Ma	¥1 Ca		No. Sec.		Date of Las	4 Marijaal
	Medical Certifi O None	cate D Class 3				rtificate Va mitations/wai	-	Jnknown	Date of Las	t Medicai
O Pilot			ense (Sport Pilot			mitations/wai atìons/waivei	_			
O Unknown		Unknown			Special Iss				mm/dd/yy	9V
Medical Certificate Limita	tions									
									rian.	
Medical Certificate Special	Issuance	Medical Certificate Special Issuance								
									1	
		,								
		,					,	<u></u>		
Date of Last Flight Review	n/a/	Flight	t Review Airc	raft	10h	Ø). n	c 0	· · ·		
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:	9/8/16	Flight Make:	$\Delta \Delta \Delta = 0$	raft 28'- 1	180	Pip	e B	· <u>-</u>		
or Equivalent, Including	9/8/16 mmiddyyyy	1 -	PA	raft 28'- 1	180	Pip	G B			
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s)	Other Aircra	Make: Model: ft Rating(s)	: PA	28'-/ ont Rating(s)		Instructor	Rating(s)			
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)	Other Aircras (Check all that a	Make: Model: ft Rating(s)	Instrume	28'-1		Instructor (Check all ti	Rating(s)			
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)	Other Aircra	Make: Model: ft Rating(s)	Instrume (Check all	ent Rating(s)		Instructor (Check all ti	Rating(s)		Instrument A	
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea	Other Aircrat (Check all that a  Ki None Airship Balloon	Make: Model: ft Rating(s)	Instrume (Check all Single Airplan	28'-/ ent Rating(s) that apply) ac		Instructor (Check all ii	Rating(s) hat opply) Single-Engin Multi-Engin	1c 🔲 e 🗀	Instrument H Helicopter	elicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land	Other Aircrat (Check all that a None Airship Balloon Glider	Make: Model: ft Rating(s)	Instrume (Check all	28'-/ ent Rating(s) that apply)		Instructor (Check all ti ) None Airplane Gyroplan	Rating(s) hat opply) Single-Engine Multi-Engine		Instrument H Helicopter Gliden	elicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea	Other Aircrat (Check all that a None Airship Balloon Glider Gyvoplane Helicopter	Make: Model: ft Rating(s)	Instrume (Check all Single Airplan	28'-/ ent Rating(s) that apply)		Instructor (Check all ii	Rating(s) hat opply) Single-Engine Multi-Engine		Instrument H Helicopter	elicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Land Multiengine Sea Multiengine Sea	Other Aircrat (Check all that a None Airship Balloon Glider Gyyoplane	Make: Model: ft Rating(s)	Instrume (Check all Single Airplan	28'-/ ent Rating(s) that apply)		Instructor (Check all ti ) None Airplane Airplane Gyroplan Powered	Rating(s) hat apply) Single-Engin Multi-Engin te Lift		Instrument H Helicopter Glide <del>x</del> Sport	elicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land	Other Aircrat (Check all that a None Airship Balloon Glider Gyvoplane Helicopter	Make: Model: ft Rating(s)	Instrume (Check all Single Airplan	28'-/ ent Rating(s) that apply)		Instructor (Check all ti ) None Airplane Airplane Gyroplan Powered	Rating(s) hat opply) Single-Engine Multi-Engine		Instrument H Helicopter Glide <del>x</del> Sport	elicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Land Multiengine Sea Multiengine Sea	Other Aircrat (Check all that a None Airship Balloon Glider Gyvoplane Helicopter	Make: Model: ft Rating(s)	Instrume (Check all Single Airplan	28'-/ ent Rating(s) that apply)		Instructor (Check all ti ) None Airplane Airplane Gyroplan Powered	Rating(s) hat apply) Single-Engin Multi-Engin te Lift		Instrument H Helicopter Glide <del>x</del> Sport	elicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Land Multiengine Sea Multiengine Sea	Other Aircrat (Check all that a None Airship Balloon Glider Gyvoplane Helicopter	Make: Model: ft Rating(s)	Instrume (Check all Single Airplan	28'-/ ent Rating(s) that apply)		Instructor (Check all ti ) None Airplane Airplane Gyroplan Powered	Rating(s) hat apply) Single-Engin Multi-Engin te Lift		Instrument H Helicopter Glide <del>x</del> Sport	elicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Land Multiengine Sea Multiengine Sea	Other Aircrat (Check all that a None Airship Balloon Glider Gyvoplane Helicopter	Make: Model: ft Rating(s)	Instrume (Check all Single Airplan	28'-/ ent Rating(s) that apply)		Instructor (Check all ti ) None Airplane Airplane Gyroplan Powered	Rating(s) hat apply) Single-Engin Multi-Engin te Lift		Instrument H Helicopter Glide <del>x</del> Sport	elicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Land Multiengine Sea Multiengine Sea	Other Aircrat (Check all that a None Airship Balloon Glider Gyvoplane Helicopter	Make: Model: ft Rating(s)	Instrume (Check all Single Airplan	28'-/ ent Rating(s) that apply)		Instructor (Check all ti ) None Airplane Airplane Gyroplan Powered	Rating(s) hat apply) Single-Engin Multi-Engin te Lift		Instrument H Helicopter Glide <del>x</del> Sport	elicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea  Type Ratings	Other Aircrai (Check all that of None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model: ft Rating(s)	Instrume (Check all None Airplane	ent Rating(s) that apply) accepter ad Lift		Instructor (Check all ti ) None Airplane Gyroplan Powered	Rating(s) int apply) Single-Engin Multi-Engin te Lift adorsement		Instrument H Helicopter Glide <del>x</del> Sport	elicopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Land Multiengine Sea Multiengine Sea	Other Aircrat (Check all that of None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model: ft Rating(s)	Instrume (Check all None Airplan Powere	ant Rating(s) that apply) accepter ad Lift		Instructor (Check all ti ) None Airplane Gyroplan Powered Student E	Rating(s) int apply) Single-Engin Multi-Engin te Lift adorsement	ts (Include o	Instrument H Helicopter Glidex Sport	eScopter  Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Land Multiengine Land Multiengine Sea  Type Ratings	Other Aircrat (Check all that of None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model ff Rating(s) apply)	Instrume (Check all None Airplane	ent Rating(s) that apply) accepter ad Lift		Instructor (Check all ti ) None Airplane Gyroplan Powered	Rating(s) int apply) Single-Engin Multi-Engin te Lift adorsement		Instrument H Helicopter Glide <del>x</del> Sport	eScopter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea  Type Ratings	Other Aircrat (Check all that of None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model ff Rating(s) apply)	Instrume (Check all None Airplan Powere	ant Rating(s) that apply) accepter ad Lift		Instructor (Check all ti ) None Airplane Gyroplan Powered Student E	Rating(s) int apply) Single-Engin Multi-Engin te Lift adorsement	ts (Include o	Instrument H Helicopter Glidex Sport	eScopter Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea  Type Ratings  Flight Time (Enter appropriation number of hours in each dax) Total Time	Other Aircrat (Check all that of None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model ff Rating(s) apply)	Instrume (Check all None Airplan Powere	ant Rating(s) that apply) accepter ad Lift		Instructor (Check all ti ) None Airplane Gyroplan Powered Student E	Rating(s) int apply) Single-Engin Multi-Engin te Lift adorsement	ts (Include o	Instrument H Helicopter Glidex Sport	eScopter Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply)  None Single-Engine Land Single-Engine Land Multiengine Sea  Type Ratings  Flight Time (Enter appropriate number of hours in each box)  Total Time Pilot in Command (PIC)	Other Aircrat (Check all that of None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model ff Rating(s) apply)	Instrume (Check all None Airplan Powere	ant Rating(s) that apply) accepter ad Lift		Instructor (Check all ti ) None Airplane Gyroplan Powered Student E	Rating(s) int apply) Single-Engin Multi-Engin te Lift adorsement	ts (Include o	Instrument H Helicopter Glidex Sport	eScopter Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Sea Multiengine Sea Type Ratings  Flight Time (Enter appropriate number of hours in each dax) Total Time Pilot in Command (PIC) Time as Instructor	Other Aircrat (Check all that of None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model ff Rating(s) apply)	Instrume (Check all None Airplan Powere	ant Rating(s) that apply) accepter ad Lift		Instructor (Check all ti ) None Airplane Gyroplan Powered Student E	Rating(s) int apply) Single-Engin Multi-Engin te Lift adorsement	ts (Include o	Instrument H Helicopter Glidex Sport	eScopter Lighter
or Equivalent, Including FAR 121/135 Checks:  Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Land Multiengine Sea  Type Ratings  Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	Other Aircrat (Check all that of None Airship Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model ff Rating(s) apply)	Instrume (Check all None Airplan Powere	ant Rating(s) that apply) accepter ad Lift		Instructor (Check all ti ) None Airplane Gyroplan Powered Student E	Rating(s) int apply) Single-Engin Multi-Engin te Lift adorsement	ts (Include o	Instrument H Helicopter Glidex Sport	e Scopter Lighter

A DO DE ONA LESE	CHECKEWME	<u> MBERS®</u>	Exclus	ive of cable o	rewacomple	te the follows:	ig information	n e produced	FRESH T	
Crew Name and Add	Iress 📉	JME_				,,	Seat Occup		Injury	
First Name;				icnoe:			OLeft	OFront	O Non	
Middle Initial:					. –		O Center O Right	O Rear O Single	O Min	
Last Name:	<del></del>	Cou	ntry:	# F # 1		_		ÖÜnknown	O Fate O Unk	1
Pilot Certificate(s) (6	Check all that apply)	"•"					Restraint T		Inflatab	le
□ None	Flight Instruct	or Con	nmercial		S Military		Available O None	Used O None	Restrain	
☐ Private ☐ Student	Recreational Sport		ine Tran tht Engir		oreign		O Lap Only	y 🔾 Lap Only	□ Not	Installed
				icer			O3-point O4-point	O 3-point O 4-point	□ Not	Deployed
Type Rating/Endorse			ľ	Flight Time :			O 5-point	O 5-point	□ Dep	
Accident/Incident Ai		s 🗖 No		Accident/In			OUnknows		_ :	
Crew Name and Add	Seat Occupi	ed	Injury	м солыт, ставлен операціў).						
First Name:		City	of Resid	епсе:			OLeft	OFront	ONon	
Middle Initial:					ZIP;		OCenter ORight	O Rear O Single	O Mini O Serio	br
Last Name:	Last Name: Country:						O MELL	OUnknown	<b>O</b> Fata	
Year and the same of the same									O Unk	
Pilot Certificate(s) (C  □ None		ПС	ia1	<b>—</b> 7 7 7			Restraint Ty Available	/pe: Used	Inflatabl	-
□ None □ Private	☐ Flight Instructo☐ Recreational		imercial ine Trans	_	S Military reion		O None	О Йове	Restrain	ts Installed
☐ Student	Sport	_	ht Engin				O Lap Only O 3-point	O Lap Only O 3-point	☐ Insta	
Type Rating/Endorse	ment for		Total I	Flight Time a	t the Time		O 4-point	O 4-point		Deployed
Accident/Incident Air				Accident/Inc		hrs	O 5-point O Unknown	O 5-point O Unknown	Depl	
PASSENGER(S)	OTHER PERS	ONNELS	nciude	cabinerays:	onthireons	eparate sheet	in hecessary		Carlo Harris	
PASSENGER(S)			icivic	i	1	-	railed-seator	Inflatable		
PASSENGER(S)	NO NO		iteluzie	Seat	ontinue on s Injury	Restraint T	ir Decessary ype		Age	
Name and Address First Name:		3		Seat	Injury	-	railed-seator	Inflatable Restraints		
Name and Address  First Name:  Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter	Injury ONone OMinor	Restraint Ty Available ONone OLap Only	vpe  Used O None O Lap Only	Inflatable Restraints  Not Installed Installed	☐ Under	•
Name and Address First Name:	City : State:	ZIP:		Seat OLeft OCenter ORight	ONone OMinor O Serious	Restraint T	vpe  Used O None O Lap Only O 3-point	Inflatable Restraints    Not Installed   Installed   Not Deployed	☐ Under	<del>,</del>
Name and Address  First Name:  Middle Initial:	City : State:	ZIP:		Seat  OLeft OCenter ORight OUnknown	ONone OMinor O Serious	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point	Vpe  Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints  Not Installed Installed Deployed Deployed Unknown	Under	, Restraint Held
Name and Address  First Name:  Middle Initial:  Last Name:	City:State:Country:OPassenger	3 zip:		Seat OLeft OCenter ORight	ONone OMinor OSerious OFatal	Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Vpe  Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints  Not Installed Installed Deployed Deployed Unknown	☐ Under	, Restraint Held
Name and Address  First Name:  Middle Initial:  Last Name:  O Crew  First Name:	City: State: Country: OPassengerCity:	ZIP:	er	Seat  OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints  Not Installed Installed Deployed Deployed Unknown	Under  If Under  O Child  O Lap-  O Unka	, Restraint Held town
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial;	City: State: Country:_ OPassenger City: State:	ZIP:	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter	O None O Minor O Serious O Fatal O Unknown O None O Minor	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed	Under O Chile O Lap- O Unler	5, 1 Restraint Held 10Wn 5 years
Name and Address  First Name:  Middle Initial:  Last Name:  O Crew  First Name:	City: State: Country:_ OPassenger City: State:	ZIP:	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious	Restraint Ty Available ONonc OLsp Only O3-point O4-point O5-point OUnknown Available ONonc	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	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Installed	Under  O Chile O Lap- O Under	i Restraint Held nown 5 years
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial;	City: State: Country:_ OPassenger City: State:	ZIP:	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter	O None O Minor O Serious O Fatal O Unknown O None O Minor	Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed	Under O Child O Lap- O Under If Under O Child O Lap-	Freedraint Cown Sycars Restraint
Name and Address  First Name:  Middle Initial:  Last Name:  O Crew  First Name:  Middle Initial:  Last Name:  O Crew	City: State: Country: OPassenger City: State: Country:	ZIP:	et et	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONODE OMINOT O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown  Available	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 5-point O 4-point O 4-point O 4-point O 4-point O 5-point O Unknown	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Unknown	Under O Child O Lap- O Under Under	Freedraint Cown Sycars Restraint
Name and Address  First Name:  Middle Initial:  Last Name:  O Crew  First Name:  Middle Initial;  Last Name:  O Crew  First Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City:	ZIP:OOth	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None Used O None OLap Only O 3-point O 4-point O 5-point O Unknown Used O None	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Deployed Unknown  Not Deployed Unknown	Under O Child O Lap- O Under If Under O Child O Lap-	5, I Restraint Held nown 5 years , I Restraint Held own
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Middle Initial:  Middle Initial:	City: State: Country: OPassenger City: State: Country: Chassenger City: State: State: State:	ZIP:OOthe	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury  ONone OMinor O Serious O Fatal OUnknown  ONone OMinor O Serious O Fatal OUnknown  ONone OMinor O Sorious	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O Unknown Used O None OLap Only O 3-point	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Unit Installed Unit Installed Unit Unit Unit Unit Unit Unit Unit Unit	Under O Chile O Lap- O Under If Under O Chile O Lap- O Unkn	5 years Restraint Held OWN  5 years , Restraint Held OWN
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  Last Name:	City: State: Country: OPassenger City: State: Country: Chassenger City: State: Country: City: Country: Country: Country: City: Country:	ZIP:	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown OUnknown	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint Ty  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown  Available ONone OLap Only	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point OUnknown Used ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Deployed Unknown	Under  O Chile O Lap- O Under  If Under  O Chile O Lap- O Unkn  Under  Under  O Chile O Lap- O Unkn	5 years Restraint Held Syears Restraint Held own Syears Restraint
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Middle Initial:  Middle Initial:	City: State: Country: OPassenger City: State: Country: Chassenger City: State: State: State:	ZIP:OOthe	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury  ONone OMinor O Serious O Fatal OUnknown  ONone OMinor O Serious O Fatal OUnknown  ONone OMinor O Sorious	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-paint O4-point O5-paint OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O Unknown Used O None OLap Only O 3-point	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed	Under  O Chile O Lap- O Under  If Under  O Chile O Lap- O Under  If Under  O Chile O Lap- O Child O Lap- If Under  If Under	5 years Restraint Held Syears Restraint Held Own Syears Restraint
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  OCrew  Crew  Crew  Crew  Crew	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger	ZIP:Oothe	er 	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row: Row: Row: Row: Row: Row: Row:	Injury  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown  ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-paint OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point OUnknown Available	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 5-point O Unknown Used	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Deployed Unknown	Under  O Chile O Lap- O Under  If Under  O Chile O Lap- O Unkn  Under  Under  O Chile O Lap- O Unkn	5 years Restraint Held Syears Restraint Held Own Syears Restraint
Name and Address  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  Last Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: Country: Country: OPassenger	ZIP:Oothe	er	Seat  OLeft OCenter ORight OUnknown Row:	Injury  ONone OMinor O Serious O Fatal OUnknown  ONone OMinor O Serious O Fatal OUnknown  ONone OMinor O Serious O Fatal OUnknown	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point OUnknown	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 5-point O Unknown Used O None	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Deployed Unknown  Not Deployed Unknown  Not Installed Deployed Unknown  Not Deployed Unknown  Not Deployed	Under  O Chile O Lap- O Under  If Under  O Chile O Lap- O Under  If Under  O Chile O Lap- O Child O Lap- If Under  If Under	5 years Restraint Held Nown S years Restraint Held Nown Restraint Held Nown
Name and Address  First Name:  Middle Initial: Last Name:  OCrew  First Name:  Middle Initial: Last Name:  OCrew  First Name:  OCrew  First Name:  Middle Initial: Last Name:  OCrew  First Name:  Middle Initial:  Last Name:  OCrew  First Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: Country: State: State: Country: State: Country: State: Characteristic State:	ZIP:Oothe	er er	Seat  OLeft OCenter ORight OUnknown Row:	Injury  ONone OMinor O Serious O Fatal OUnknown  ONone OMinor O Serious OFatal OUnknown  ONone OMinor O Serious OFatal OUnknown  ONone OMinor O Serious OFatal OUnknown	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 4-point O 5-point O Unknown Used O None OLap Only O 3-point O 3-point O 3-point O 3-point O 3-point O 3-point	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Installed Deployed Unknown  Not Installed Deployed Unknown  Not Installed Installed Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown	Under  If Under  O Child O Lap- O Under  If Under  If Under  O Child O Lap- O Under  If Under  If Under  If Under  If Under  If Under	5 years  Restraint Held Nown  5 years  Restraint Held Nown  Restraint Held Nown  S years
Name and Address  First Name:  Middle Initial: Last Name:  OCrew  First Name:  Middle Initial: Last Name:  OCrew  First Name:  OCrew  First Name:  OCrew  First Name:	City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: OPassenger  City: State: Country: Country: State: State: Country: State: Country: State: Characteristic State:	ZIP:Oothe	er T	Seat  OLeft OCenter ORight OUnknown Row:	Injury  ONone OMinor O Serious O Fatal OUnknown  ONone OMinor O Serious OFatal OUnknown  ONone OMinor O Serious OFatal OUnknown  ONone OMinor O Serious OFatal OUnknown	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point OUnknown Available ONone OLap Only	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O4-point O4-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Installed Installed Deployed Unknown  Not Installed Deployed Unknown  Not Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown	Under  If Under  O Child O Lap- O Under  If Under 3 O Child O Lap- O Under  If Under 5 O Child O Lap- If Under 5 O Child O Lap- If Under 5 If Under 5	5 years Restraint Held Nown Syears Restraint Held Nown Restraint Held Nown Syears Restraint

A TO THE THE TANK A TO THE TAN	gini şəriyayı (c	N CONTRACTOR	a areaser by					
Last Departure Point Airport ID: POICEU City: DA DA RA TO State: Country;	KEGIOMIU/	ne of Departur ne: <u>L'OO P</u> ne Zone <u>ŒN</u> T	Airport ID:	Port	NRÈGIÓ MÍ 91 80 M. 1	None O Company O Military O VFR	VFR OU	nkriown
Type of ATC Clearance/S	errian (Charle all the	r	Country:	<u>V37</u>		Activated?	ОХез Оис	OUnknown
□ None □ VFR	☐ Special VFR ☐ IFR		occial IFR FR On Top		☐ VFR Flight Folk ☐ Traffic Advisory		☐ Cruise ☐ Unknown /	NA.
Class B Class C Class D Class E	□Class G □Demo Area □Warning Area □Prohibited Area □Restricted Area	□ M □ Ai □ TF □ FA	ilitary Operations rport Advisory A: t Training Area tSA tR 93	rea	Special Air Traffic Contr		Altitude of Occurrence	
MVFAVILLENNEORM	ATRONIA TERM		TUNCIDEN					it islati i
Source of Pilot Weather In (Check all that apply)  National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service On-Board Weather	Con	itary met e		Facility ID: Observation Ti Time Zone: Distance from a	me:  Accident Site:	7.5	_ nm	
Basic Conditions  VMC  O IMC  O Unknown		Light Condit ODawn Day	ODusk ONight	<b>O</b> Dark			- vegives it do	
Few	O Thin Broken O Thin Overcast O Unknown	Ceiling O None (Clear Broken O Overcast Ceiling Heigh	O I	Obscured indefinite Unknown ft agl	Temperature: Dew Point: Altimeter Settin	(C)	or in. Hg	(F) (F)
Wind Direction Variable -or- Direction:degrees true Intensity of Precipitation	Type of Precipits	kts vtion (Check all t		kts	RVV: Density Altitude Restriction to V		_ miles _fcet _miles _ft _eck all that appl	(((
OLight OModerate OHeavy ON/A OUnknown	None Rain Snow Heil Rain Showers	Drizzle		ower s Shower	None Blowing Dust Blowing Sand Blowing Snot Blowing Spra	Ha V Co	ound Fog ze : Fog	
Icing Forecast Amount Type  None ON/A OTrace ORime OLight OClear OModerate OMixed OSevere OUnknown	į	Amount O None O Trace O Light O Moderate O Severe O Unknown	Type O N/A O Rime O Clear O Mixed O Unknow	_	Turbulence  Type (Check all to None) Clear Air Terrain-Induce Convective Tu	ed rbulence	Severity Light Moderat Severe	e
NOTAMs (D and FDC), A	AIRMETS, SIGM		in effect at th	e time of the	accident/incide	nt:		

ADVANT/ANTE	atoyauroryara	andxonii enel	ROPERDY SALES		
Aircraft Dan	5	Aircraft Fire		Aircraft Explosio	Dia
O None O Minor	Substantial O Destroyed	None O In-Flight	O Both Ground and In-Flight O Fire at Unknown Time	None In-Flight	O Both Ground and In-Flight O Explosion at Unknown Time
1	O Unknown	On-Ground	O Unknown	On-Ground	O Unknown

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

DHWYROUND MORRE REALLY

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.

N3831R WAS ON FINAL APPROPRIATE RUNWAY 27 MY PROKEN PEGINAL ATTROPORTS ON APPROACH, I NOTICED ANDOTHER AITCRAFT HAUFWAY DOWN THE RUNWAY THIS CIRAFT HAD BEEN DOING WHOCH AND BOOK , BUT WAS NOW EXITING.

ATTEMPTED TO SLOW THE APPROACH BY LIFTING THE NOTE PLANES ON THE RUNIOUPLY. IT BOUNCED ON THE RUNIOUPLY, IT BOUNCED ON THE RUNIOUPLY, NOSED, DOWN, AND STRUCK THE PROP ONCE.

THE PLANG CONTINGED DOWN THE RUNGWAY AND EXFTED AT A4. THE PLANE CONTINGED DOWN THE TAXIODAY TO HANGEN OSCARS.

THE PLANE WAS POSSED (WITH DIFFICITY)

OPON EXITIVE THE PURICE WE NOTICED THE PROPOSED THE DAY AND THE MOSE GEAR USAS DAMAGED.

I CONTRETED THE VOCAL MAINTONANG FACILITY, THEY DIEDER THE PLANE AND LITTED MOVED THE AIMONARY TO THEIR HANGER?

BEGOMMENDATIONS	ភ្ជាមេប្រវាទ្ធិតាម	ddenvinoldensja	Veberijai	Mariteda)			ATRAL MY CAR		
Operator/Owner Safety Recommen-	dation		e tv		/0	₽ <b>2</b> ~	· Ser	ተብል	ned
1 P1109 3	HOOF	-D +44/M	a WIA	111111	MIME	D _ W	Ton	। । १६५	110/10
accas ho	$\mathcal{W}_{\mathcal{G}}$	- SITT	10 3	はアし	LE RU	ALWIA.	Kr RA	7 HG	N
Operator/Owner Safety Recomment PILOS 3 ON LAWD SHOW E CANDIN	2/1/2	~ DI<	70 DC	TOPIC	ו מסגו		DAME.	ν ΛΕ	2/
- AMMO E	10111	D Die	HOLK	>1011	~ Dy	MAG	HIII	14-14	T V
MOHAN	( the 1	CA3AA	OŁ	H	WV.	r			
2/1/00 P2/01	•••	41 10 1 10			70 (				!
								:	
								;	
MEGHANICALEMANEUNG	TION/F/	(IEURE SHE MO)	espace p i	eeded co	while on sepa	ate sheet) S			
Was there Mechanical Malfunctio (If yes, list the name of the part, manufac			aniha tha faile	ma l		7.5 1	Total On P	Time/Cy	cles
(4) yes, ass me rains of the part, managed	auro, part ne	., eeriai nog und des	стов тв јапа	re.j			On P	art	YY
									Hours Cycles
'							Time	Since Th	Ī
								cted/Ove	
									Hours
revielský servigestnieo:						STEEL STANDARD		Season Season in the	- Wantowara primery ch
Fuel on Board at Last Takeoff		uel Type							
(Convert from pounds, as necessary)	2	) 80/87 ) 100 Low Lead	O 115/145 O Jet A		O Jet B O JP8	Other, spec	ify		
	llons C	100/130	O Jet A-1		O Automotive				
Other Services, if Any, Prior to De	parture		•						
						,			
EZVACEUVATRONKO EZAVRORVA	AFR SE			1000				17 × 3 × 3	
Was an emergency evacuation of the	he aircraft	performed?	□ Yes '	No.		- The state of the	and the second s	SATURATE AND ASSESSMENT OF THE SATURATION OF THE	-casecasono-pais;
Method of Exit - Describe how the	occupants e	xited and how mag	y occupants	evacuated	each location	1-11			
ORHERANEGRALERE GOL	LISION	itair of ground c	ollision occi	irred com	pléte this sécti	on tor others	arcante de la		
3		**					Damage to 0	Other Air	1 .
Me	odel:						Destroyed Substantial		Minor None
Registered Owner of Other Aircrat					ther Aircraft				
Name: City:				City:		" <u>-</u>	<u>.                                    </u>		-
State: ZIP: Country:			_	State;					
		*****					***	—	<b>⊢ J</b>

MI JAKOT TOLA	FORMAT	JON:(Plense typefor i	prijitan ink) 💸 💸 🕏			
		e is needed for any ans				
				•		1
						1
				•		
				·		
					•	
	Canada			ETEAND ACCIONATIE TO SHE		
Date of this Report		Pilot/Operatok		T LA WEEW CO		
10/2/16	Signature		Will BOLISSIE	DATIONAL BOX VV CO		
mm/dd/yyyy	or		ectronically sign this d	document		
If a Person Other the	n Pilot/Op	perator is Filing Repo			, ,	
	_			Title:		
					·	<del> </del>
		o electronically sign thi				
			AD A E OR NUTSEA	ISE ONLY		
NTSB Accident/Incid		Reviewed by NTSB		Name of Investigator	Date Report R	eceived
GAA16CA491		GAA .		JACKIE VANOVER	10/21/201	6