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

BASIC MEDEMA	to be used for r	eporting c	ivil and pu	blic use ai	rcraft accide	nts ar	nd incid	ents
BASIC INFORMA Accident/Incident Loca	tion	ردا والمناط فيتناه علا						<b>新</b> 拉克(18)
Nearest City/Place: E	MANO BEACH		state: FL	Date/Time ,	25/2014 1			
Latitude;(c		- (4	ddd:mm:se E/W)	mm/dd	י <i>יילינילי</i> ד	ime Zone;	EASTE	~\ ~\
Phase of Operation			add.mm.ax is wy	Called the				
Standing Takcoff	Па	aneuvering [	Hover Other Unknown	Midair On-ground	Other Aircraft	Occur	TA 100	
AIRCRAFT INFOR	MATION	(TAME   1   1   1   1   1   1   1   1   1		EXPENSATION	STATE FROM PROPER	TOTAL STOCK	Maya sam	THE PROPERTY
Manufacturer: Dist	CHORATES				Weight:			2.21
Model:	5				ime of Accident/In			lbs
Serial Number:				Location of	Center of Gravity			
Registration Number: _		Amateur-bui	lt: Yes DN	-01-	inches fi	rom 🗆 no	ose or 🗆 da	itum
Category of Aircraft	Type of Airworthines	Certificate	T				odynamic Cor	
Airplane	(Check all that apply)	W- THANKS	Number of	Sents:		ing Gear		ractable
Balloon Blimp/Dirigible		ecial	If Large Aircr	aft, how many sea	ts for: Check	any addinguration th	tional landing at applies:	gcar
Glider		Restricted Limited	Flight Cre	w:	0.000	icycle		Tailwheel
Gyrocraft Helicopter	Acrobatic	Provisional		:w;		nphibian	_	
☐ Powered lift	Transport	Experimental		5:	ΠEn	nergency I	Float	High Skid Skid
Ultralight Unknown	占	Special Flight Light Sport	- abounger			oat ill iknown		Ski
Type of Maintenance Pro		T			Un	iknown		Ski/Wheel
Annual	ogram	Last Inspec			Date Last Inspec	tion:		
Conditional (Amateur-buil	lt only)	☐ 100 Hour	Continuou	s Airworthiness		-	mm/dd/yyyy	•
Manufacturer's Inspection Other Approved Inspection	Program	Annual	☐ Condition: ☐ Unknown	inspection	Ainframa Tatal 2	Cian a		1
Continuous Airworthiness	n Frogram (AAIP)				Airframe Total 1	ime:	de amal	hrs
Other, specify:					☐ Last Inspect			dent/Incident
FR Equipped		Stall Warnin	g System Insta	lled	Type of Fire Ext			dono incident
Yes No Unkno	own	☑ Yes ☐ N	No Unknown	1	None	inguisuit	ig System	
					Specify			
EL/T Installed EL'	T Activated							
. /	Yes No	ELT Manufa	cturer:	-				
ELT Aided in Locating A	ccident/Incident	Model/Series						
☐ Yes ☐ No			ėrz					
Dygine Type	Reciprocation	Battery Type	ropeller		Batter	y Exp. D	nte:	
Reciprocating Turbo	Jet System Type		rohener					
Turbo Shaft Turbo			Fixed Pitch	Manufact	turer:			
T THEO TIPE TO ORKING	own C ruci thjeck		Controllable Pitc	h Model: _				
	1		*		Engine Rated			
		1		Date	Power Measured as (check one)	Tate!	Time	Time
gine Engine Manufacture	Engine Model/Series		ufacturer's	of Mig.	Horsepower or	Total Time	Since Inspection	Since Overhaul
	- Moder Series	Seria	Number	mm/dd/yyy;	☐ lbs of Thrust	(hours)	(hours)	(hours)
	l l							
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governor with Owner			Owner Address	
Name:			City:	
Fractional Ownership Aircraft:	: ☐ Yes ☐ No		State:	ZIP:
The state of the s	Same As Registe		The state of the s	
Name:	_ Same As Registe	red Owner	Operator Address	Same As Registered Owne
Doing Business As:			City:	
Air Carrier/Operator Designate	or (4 Chaenatas Ca	40).	State:	ZIP:
Regulation Flight Conducted	Trad	de):	Country;	
			Revenue Sightseeir	ıg Flight
☐ FAR 91 ☐ FAR 129 ☐ FAR 103 ☐ FAR 133	FAR 91 Specia		Yes No	
☐ FAR 121 ☐ FAR 135	Non-US, Comr	nercial	Air Medical Flight	· · · · · · · · · · · · · · · · · · ·
☐ FAR 125 ☐ FAR 137	Armed Forces	Unknown		Yes No
Purpose of Flight		Revenue Operation		5
for FAR 91, 103, 133, 137 (Selec	et one)	for FAR 121, 125, 129, 135 (Select one)	(Check all that apply)	al Operating Certificate Held
Personal		Scheduled or Commuter	None	
Business Executive/Corporate		Non-Scheduled or Air Taxi	Flag Carrier Operat	ing Cortificate (121)
Other Work Use			Supplemental Air Cargo	
IV Instructional  ☐ Ferry		Domestic or International	Foreign Air Carrier	(120)
Positioning		Domestic International	Commuter Air Carr	or (135)
Aerial Application		The superior of the superior o	On-Demand Air Tax	d (135)
Aerial Application Aerial Observation Air Drop		Cargo Operation	Large Helicopter (1)	
Air Race / Show		Passenger/Cargo	Rotorcraft External	Load (133)
☐ Flight Test		Passenger How many?	Agricultural Aircraft	(137)
Public Use Unknown		☐ Cargo 1bs	Other Operator of La	.6 (3)
			- Outer Operator of La	I'ge Aircraft
	our sion (	all or ground collision occurred, complete	The section of all the	CARLEST OF SELECTION OF SELECTION
Aircraft Registration Number	Manufacturer:		The state of the s	Damage to Other Aircraft
	Model:			Dostroyed Minor
Registered Owner of Other Air	rora fi			Substantial None
test inamic,				
fiddle Initial:		City:		
fiddle Initial:		State:	ZIP:	
fiddle Initial:ast Name:		State:	ZIP:	
Aiddle Initial:ast Name:ilot of Other Aircraft		State:	ZIP:	
fiddle Initial:ast Name:ilot of Other Aircraft irst Name:liddle Initial:		State:Country:		
liddle Initial: ast Name: itot of Other Aircraft irst Name: iddle Initial:		State: Country: City; State:		
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liddle Initial:ast Name:ilot of Other Aircraft  rst Name:iddle Initial:ast Name:  ECHANICAL MALEUN as there Mechanical Malfunc	CHONFAIL	State: Country: City; State: Country: State: Country: URE (If more space is needed, confinse or	ZIP;	Total Time/Cycles On Part
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iddle Initial:	CHONFAIL	State: Country: City; State: Country: State: Country: URE (If more space is needed, confinse or	ZIP;	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part tuspected/Overnauled
iddle Initial:	CHONFAIL tion/Failure? facturer, part no., se	State:Country:	ZIP;	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part
siddle Initial:ast Name:ilot of Other Aircraft irst Name:indle Initial:ast Name; ast Name:inst Name:inst Name;inst Name;inst Name of the part, manual yes, list the name of the part, manual	CHONFAIL tion/Failure? facturer, part no., se	State:Country:	ZIP;	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part tuspected/Overnauled  Hours
iddle Initial:ast Name:idot of Other Aircraft  rst Name:iddle Initial:ast Name:  ECHANICAL MALEUN as there Mechanical Malfunct  yes, list the name of the part, manual	CHONFAIN tion/Failure? [ facturer, part no., se	State:	ZIP:	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part tuspecteu/Overnauled Hours
iddle Initial: ast Name: idot of Other Aircraft rst Name: iddle Initial: ast Name: ECHENICAL MALE UN as there Mechanical Malfunct yes. list the name of the part, many craft Damage None  Substantial	CHONIFALL tion/Failure? [ facturer, part no., se	State:	ZIP:	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part tuspected/Overnauled
diddle Initial: ast Name: ilot of Other Aircraft irst Name: irst Name: iddle Initial: ast Name:  ECHANICAL MALEUN as there Mechanical Malfunet ives. list the name of the part, manuf	CHONFAIN tion/Failure? [ facturer, part no., se	State:	ZIP:	Total Time/Cycles On Part  Hours  Cycles  Time Since This Part tuspecteu/Overnauled Hours

Description of Damage to Aircraft and	Other Property Oute	dditional shoot				
	and a support of facts	vanional meet	y necessary)			
No.						
AIRPORT INFORMATION OF	he accidentification oc	curred on an	front to the state of the	100 To	Carl Charles	AND SOME OF AND STREET
barr toewhitel			Distance Communication	MI VIMMEN	Sair ou por	complete this section
Airport Name: JOMPANO BEACH	<b>GIRPARK</b>		Distance From Ai		50	SM
Proximity to Airport DOff Airport/Air	strip	On Airstrip	Direction From A			degrees MAG
Approach Segment (Select one)		J On Allowip	Airport Elevation:		<del></del>	ft. MSL
On Instrument Approach Land		isc leg	☐ Final			
	nwind 🔲 Lo	w Approach		d Landing (aft	er touchdow	Go Around
IFR Approach (Check all that apply)  ☐ None ☐ PAR		No.	VFR Approach (C	heck all that a	pply)	
☐ ADF/NDB ☐ Sidestep		Practice GPS	□ None		☐ Sto	p and Go
SDF ILS VOR/TVOR Localizer Only	□ ASR	Loran	Traffic Pattern Straight-In		□ Tot	uch and Go
UVOR/TVOR □ Localizer Only UVOR/DME □ LOC-back course	☐ Visual [	Unknown	Valley/Terrain Follo	owing	☐ For	nulated Forced Landing and Landing
☐ VOR/DME ☐ LOC-back course ☐ TACAN ☐ RNAV	Circling		Go Around Full Stop	937/	☐ Pro	cautionary Landing
Runway Information				w/Landing		Known
Runway ID:/O(L/R/C) Length:	3502 th Width:	100 ft	Condition of Runwa	Snow-Co	mnacted (C	Theck all that apply)  Water-Calm
Runway/Landing Surface (Check all that	apply)		Holes	Snow-Cn	ışted	☐ Water-Choppy
Asphalt Grass/Turf Mac	adam Water		☐ Ice Covered ☐ Rough	Snow-Dry Snow-We		☐ Water-Glassy ☐ Wet
Coherete Gravel Met	al/Wood 🗖 Unknow	,	Rubber Deposits	☐ Soft	77.	Unknown
FLIGHT ITINERARY NEORMA		and Carrier of Agric	Slush Covered	☐ Vegetatio	n	
Last Departure Point	Time of Departure				16	到150万美术中2004
Airport_ID: ISPMP		Destination Airport ID:			pe Flight 1	Plan Filed
City: Pompano BEACH	Time; 1456		Livit		None	□ VFR/IFR
State: FL	Time Zone: FASTERN	City:	-	i 🗀	Company V Military VF	FR ☐ IFR  R ☐ Unknown
Country: U.S.A.		State:		J	VFR	
Type of ATC Clearance/Service (Check al	I that apply)	Country:		Ac	tivated?	Yes No
□ None □ Special VFR	☐ Specia	LIFR	☐ VFR Fligh	A Tallessies	_	<b>-</b> 700 €
	□ VFR (	n Ton	Traffic Ad	visory		Cruise Unknown / NA
Airspace where the accident/incident occu	arred (Check all that app	(b)	"	•		2 - many matt 17/4
Class B Class G	Proh	ibited Area		Training Area		Special
Class C Demo Area	Milit	icted Area ary Operations	Arca (MOA) TR			Air Traffic Control Area
	LI ^impo	ort Advisory An	ea	K 73	<u></u>	Unknown
None Towing Glider				-		
Passengers Towing Banner	☐ Parac	hutists	Liv	estock		
Cargo Other External	Cherr	ical/Fertilizer/S	eeds Uni	помп		
UEL & SERVICES INFORMATI		4445389	Special and Special Sp	Carpella	Delica de	Marke Commence
uel on Board at Last Takeoff convert from pounds, as necessary)	Fuel Type		The state of the s	ALL CONTRACTOR	(C) (C) (C) (C)	The state of the s
50-60 College		115/145	☐ JP3	Other, spo	cify	
Gallons		Jet A Automotive	☐ JP4 ☐ JP5			_
ther Services, if Any. Prior to Departure				_		
						1

EVACUATION OF	HRCRAFT	eries disease disease del	of the state of	the supplemental to be	- Application and the second	Markett - White	Sind Thereton	and Diagnatica and	N
Was an emergency evacuation	ation of the aircra	ff perforn	red?	□ Ves	□ No	3745			As many water
Method of Exit - Describe	how the occupant	s exited an	d how	many occups	nts evacuated ea	oh location	1987		
RELEGIES	DIR CEA		٠.	م ُ ر		1	-	0	
AND CO PILOT	0 0	رروه اور	)	ic and	poroble 1	HARNESS	095	WED BOTH	TIDT
DNO (3 TILOT	DOORS HA	D KAI	$\vee$	. rawel					
WEATHER INFORM Weather Observation Faci	ATIONATIF	EACC	DEN	MINCIPE	NISTE	<b>第2日被放弃1988</b>	Name of the second	Markey and a limbs	Distribut Base setting
			301	irce of Weath	er Information	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Method of Briefi	
Pacility ID:				eck all that appl National Weath		-		(Check all that apply	ng V
Observation Time: Time Zone:	****	_		Flight Service St	ation	☐ Compa ☐ Militar		In Person Peletype	
Distance from Accident Site:		NIM		TV/Radio Automated Repo	ort	Internet Unknow		I Telephone/Comp	uter
Direction from Accident Site:	dee	rccs MAG		Commercial Wes	ather Service (DUA	ATS)	VΠ	Aircraft Radio	
Briefing Type/Completenes	is	oca mrto	Lio	ht Condition			-	Unknown	2
Full Partial / Limited By Diles	Abbreviat			Dawn [	Dusk	☐ Dark Night		Visibility	
Partial / Limited By Pilot Partial / Limited By Briefer	Unknown Not Pertir			Day 🗀	Night	Bright Night			
Sky/Lowest Cloud Conditio	n	Cejling				Not Reported	377- D. D.		
☐ Fcw □	Thin Broken Thin Overcast	None Broke	(cicar)		Obscured	None		(Check all that apply	)
	Unknown	Overe	n aşţ		Indefinite Unknown	Blowing Dus	t a	Ground Fog	
Lowest Cloud Condition He	laba.					Blowing Sno	w	☐ Haze ☐ Ice Fog	1
owner cloud condition He	N	Ceiling 1	Heigh	t		Blowing Spra	ıy	Smoke Unknown	
Wind Direction	R AGL Wind Speed		_		ft AGL				
☐ Indicated:	Velocity:	Verra		Wind Gusts		Type of Turbu	lence (Che	eck all that apply)	
degrees MAG	-or-	K15		Velocity:	KT\$	None Clear Air	In Clo	uds ty of Thunderstorm	i
☐ Variable	Calm			☐ <b>Gusting</b>		Severity of Tu		ty of I nunderstorm	
	Light and Varia	blc		Not Gustin	g	☐ Extreme	☐ Moden		. 1
NOTAMs (D, L and FDC)	, AIRMETS, SI	GMETS	PIRE	Pe in offers	-441-4	Severe	☐ Moder	ate Chop	
		J 10,	X IIXI	a s in enect	at the time of	the accident/in	cident		
									- 1
									1
									- 1
77	Teir	g Forecas	t			m			
remperature: 27 (C)		Amount		ω.	Туре	None		(Check all that apply)	- 13-
Itimeter Setting:in.		None Frace	☐ Se	oderate vere	☐ Rime ☐ Clear	Rain		Drizzle Ice Pellets	- 1
orM	no I I	ight		normativi i	Mixed	☐ Snow ☐ Hail	무	Snow Pellets Snow Grains	1
lensity Altitude:	n Iein	g Actual	-			Hail Ruin Shows		Ice Crystals	
ew Point: 20 (C)	E .	Amount ione	Пма	derate	Type  Rime	☐ Freezing Rs		Icc Pellets Shower Preczing Drizzle	
or(F)	📑 7	race	Sev		Clear	Intensity of F			
		ıgııı			☐ Mixed	☐ Light	☐ Moder		1

Files   General Control   Conserved   Co	PILOT "A" INFORM	ATION		。68.40283	17-14-SE-371	alle o pri	0.028041	1 34 5 5	<b>联带金数</b>	er en en	所名明社等于SET
File 'A"   Identification	Pilot "A" Responsibilities	at the Time of	f Accident/In	cident						derive let al second	
Print   Prin		☐ Student P	ilot  Flig	ht Instructor	Check Pile	ot 🗆 Fi	light Engine	er 🗌 Oth	er Flight Crev	w	
Age at time of Accident/Incident:   9D   Date of Bird   mmidd/yyyy   Certificate Number:   CF	First Name: FOFFRI Middle Initial:	5Y				State:	=L	ZIP: 33			
Degree of Last Plight Particulars   Seat Delt   Unknown   Seat Belt   Used   Main   Used   Main   Used   Main   Used   Used   Main   Used   U	Age at time of Accident/Inc	ident: 40	Date of		- 12				CF	-1	
Student   Student   Student   Student   Sport   Sport   Arthus Transport   Student   Sport   Sport   Arthus Transport   Sport   Sport   Sport   Arthus Transport   Sport   S	None Fatal Minor Unknown	□Lett	From Rear	nt 🗆 Unk	mown 5	Ised	-		Used	E Yes	
Student Endorsements   Seporational   Commercial   Flight Engineer   Percipal   Prize   Priz	Pilot Certificate(s) (Check	all that apply)							-		
Pipe	☐ None ☐ Str. ☐ Private ☐ Fli	dent	□ Re	creational ort						☐ Forcig	gn
Medical Certificate Limitations	Pilot Other	□ None □ Class I	Class 3 Driver's L	icense (Sport Pi	ilot only)	Without I With Itmi	imitations/v tations/wais	vaivers			ical
FAR 121/135 Checks:    IO   30   30   50   50   50   50   50   50		S 800000 S			****						
FAR 121/135 Checks:    IO   30   30   50   50   50   50   50   50	Date of Last Flight Devian		Lau			141					
Model:   Dichies	or Equivalent, Including	10/0-1		00							
Check all that apply	FAR 121/135 Checks:	1 5-1	2013								
Check all that apply) None None None None Single-Engine Land Single-Engine Seu Multiengine Sea Gyroplane Helicopter Helicopter Powered Lift  Student Endorsements (Inchede dates)  Student Endorsement (Inchede dates)  Student Endorsement (Inchede dates)  Student Endorsement (Inchede dates)	Airplane Rating(s)	****					T				
None   None   None   Airship   Proc Balloon   Helicopter   Helicopte	Check all that apply)	(Check all that	apply)		ment Kating( all that apply)	s)			)		
Single-Engine Seu	None None Simple-Engine I and			None	c		None		f	Instrumen	t Airplane
Helicopter   Powered Lift   Sport	☐ Single-Engine Sea ☑ Multiengine Land	Glider	on	☐ Helio	copter		Airpla Airpla	ne Multi-Eng	gine [	Instrument Helicopter	Helicopter
Student Endorsements (Include dates)    Comparison of hours in each box   All plane   Alrplane   All plane   Alrplane   All plane   All pl		Helicopter Powered Li	ft								
Alreaft	NA						Student	Endorseme	nts (Include	dates)	
Multicongline   Night   Actual   Simulated   Rothereraft   Glider   Cotal Time   1440   330   1012   478   165   85   34			_								
otal Time	umber of hours in each box)	Aircraft	& Model	Single	The Committee of the Co	Night	K	Contract of the contract of th	Rotureraft	Glider	
interin Command (PIC)   1358   330   934   420   125   80										Gilder	, nad Air
ist 90 Days 374 219 155 219 48 36 — set 30 Days 95 58 37 58 33 72 — st 24 Hours						125	80		-		
1st 90 Days 374 219 155 219 48 36 — 1st 30 Days 95 58 37 58 33 72 — 1st 24 Hours		1191	330	796	348	1.6				L.	
1st 30 Days 95 58 37 58 33 /2 -		770	2.0								
St 24 HOURS						48	1.36				
	ist 24 Hours	6	6	WX	- 5%	33	/#				

PILOT TE INFORM Pilot "B" Responsibilities	the state of the s		And highly a september of the of a		Aug 2" Tellandon	Contract Sections			
Pilot "B" Responsibilities  ☐ Pilot ☐ Co-Pilot				- the district	Marinder S.		100元年李祖弘		A STATE OF THE STA
Pilot "B" Identification	Student Pilot	Flight Instruc	ctor Check P	Pilot 🔲 F	Flight Engine	er 🗆 Otl	her Flight Crew	v	
A STATE OF THE STA					-				
First Name:				City					
				State:		ZIP:		£	
Last Name:				Country:					
Age at time of Accident/Inc	:ident:	Date of Birth: _	mm/dd/yyyy	Certificat	te Number:				
Degree of Injury	Seat Occupied		1	Seat Belt					
☐ Nonc ☐ Fatal ☐ Minor ☐ Unknown		Front 🗀	Unknown	Used	Yes	□ No	P. C.	Harness	
Serious		Rear   Single		Available	☐ Yes	□ No	Used Available	Yes Yes	
Pilot Certificate(s) (Check		- Congre							
□ None □ St		☐ Recreational							
Private Fit	ght Instructor	Sport		nercial ne Transport		☐ Flight Eng	gineer	Foreig	п .
Principal Occupation	Medical Certificate			-		The state of the s			
Pílot	☐ None ☐ Cla	ass 3	1	Without	ertificate V	alidity	Date of	Last Medi	cal
Other Unknown	Class 1 Dri	ver's License (Sp	port Pilot only)	With limi	limitations/w itations/waiv	GIVCI3			
		known		Unknown	n		mm/da	ענענע	
Medical Certificate Limita	tions				-				
fedical Certificate Waiver	5			***	_				_
ate of Last Flight Review	s	Flight Davis							
Medical Certificate Waiver	s	Flight Review							
ate of Last Flight Review		Make:	w Aireraft						-
ate of Last Flight Review r Equivalent, Including AR 121/135 Checks:	mm/dd/yyyy	Make:						_	
Pate of Last Flight Review r Equivalent, Including AR 121/135 Checks: irplane Rating(s) Theck all that apply)	mm/dd/yyyy Other Aircraft Rati	Make: Model: ing(s) In:	strument Rating	(s)	Instructor	Rating(s)			
ate of Last Flight Review r Equivalent, Including AR 121/135 Checks:  irplane Rating(s) Check all that apply)	mm/dd/yyyy  Other Aircraft Rati (Check all that apply)  None	Make:	strument Rating	(s)	Instructor (Check all ti	Rating(s)			
Pate of Last Flight Review r Equivalent, Including AR 121/135 Checks:  irplane Rating(s) Check all that apply) None Single-Engine Land	mm/dd/yyyy  Other Aircraft Rati (Check all that apply)  None Airship	Make:	strument Rating heck all that apply) None	(s)	Instructor	Rating(s)		Instrument A	irplane
ate of Last Flight Review r Equivalent, Including AR 121/135 Checks:  irplane Rating(s) theck all that apply) None Single-Engine Land Single-Engine Land Multiengine Land	mm/dd/yyyy  Other Aircraft Rati (Check all that apply)  None Airship Free Balloon	Make:	strument Rating heck all that apply) None	(s)	Instructor (Check all ti Nonc	Rating(s) hat apply) Single-Engir	ne 📑	Instrument H	irplane elicopter
ate of Last Flight Review r Equivalent, Including AR 121/135 Checks:  irplane Rating(s) theck all that apply) None Single-Engine Land Single-Engine Land Multiengine Land	mm/ad/yyyy  Other Aircraft Rati (Check all that apply)  None Airship Free Balloon Glider Gyroplane	Make:	strument Rating heck all that apply) None	(s)	Instructor (Check all ti Nonc Airplane Airplane	Rating(s) hat apply) Single-Engin	ne 🗆	Instrument A Instrument H Helicopter Olider	irplane lelicopter
ate of Last Flight Review Fequivalent, Including AR 121/135 Checks:  irplane Rating(s) theck all that apply) None Single-Engine Land Single-Engine Land Multiengine Land	mm/ad/yyyy  Other Aircraft Rati (Check all that apply)  None Airship Free Balloon Glider Gyroplane Helicopter	Make:	strument Rating heck all that apply) None	(s)	Instructor (Check all ii Nonc Airplane	Rating(s) hat apply) Single-Engin	ne     1	Instrument H Helicopter	irplane
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Pilot Name and Address					Degree of	lnjury
First Name:	City;				None	Fatal
Middle Initial:	State:	ZIP:			☐ Minor ☐ Serious	Unknown
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Private   Flight Instructor   Sport	Airline Transport	U.S. Military	**		Right Center	☐ Rear ☐ Single
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Pílot Name and Address	and the state of			-0.0-12-12	Degree of	Injury
First Name:	City;	****			☐ None	☐ Fatal
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□ Private □ Flight Instructor □ Sport  Type Rating/Endorsement for Accident/Incident Aircraft? □ Yes □ No  PASSENGER(S) □ THER PERSONNEL.  Name and Address  First Name: Middle Initial: Last Name:  Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  First Name:  First Name:  Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  First Name:  First Name:  Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:  First Name:  Middle Initial: Last Name:	City: State: Country:	ime at the Time nt/Incident:  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:  ZIP:	an shoot if in		Center Second	Disknown  Langing  Longing  Lo

NARRATOXE AISTORY DETERMINED THE PROPERTY OF PERFORMANCE

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 time and point of departure, intended destination, and services obtained.

ON APRIL 25 2016 N6709Y WAS CLEARED FOR TAKEDER ON RUNNAY 10 @ KPMP, WE WERE TOLD TO MAKE RIGHT TRAFFAC, UPON REACHING ABOUT 600 FEBT, I PROCEEDED TO REDUCE THE POWER ON THE RIGHT ENGINE TO SIMULATE FLAINE FAILURE, FERNANDO THEN PROCEEDED TO STOMP ON THE RIGHT RUDDER PEARL WITH ENOUGH FORCE TO PUSH THROUGH MY GUARD OF THE LEFT RUDDER PEDAL COUSING A VIOLENT ROLL AND YOW TO THE RIGHT, I QUICKUET TOOK CONTROL AND AT THIS POWT THE AIRCRAPT WAS POINTED STRAIGHT DOWN AT THE GROUND. I BROUGHT BOTH ENGINES TO IDLE AND PULLED DUT DE THE DINE. UPON DOWL SO WE HAT A HOUSE AND ENDED UP IN THE BACKYARD OF TWO OTHER HOMES. I SOW THE CLEORING IN THE YARDS AND STEERED THE GIRPLANE AWAY FROM THE HOMES,

RECOMMENDATION (Now countries accident incident have been prevented?)

Operator/Owner Safety Recommendation

ADDITIONAL	INFOR	MATION (P	Yease type or print in ink)	)		
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Date of this Report	Signatur	ALT THE REAL PROPERTY.	Jot/Operator	LETE AND ACCURATE	TO THE BEST O	MY KNOWLEDGE
05/26/2016	Signature:	, , , ,				
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Fitle;	SART MATERIAL	and the second and the second	of the Assessment Process			
TSB Accident/Incid	ent No.	Reviewed by	FOR NISB		10年度	National Control
TSB Accident/Incid ERA16FA170		Action of by	NTSB Regional Office ERA	Name of Investigator L. Read		Date Report Received 5/26/2016