-														
	This form	A CONTRACTOR OF A	NATIONA T/OPERAT sed for rep	OR AI	RCRA	FT ACCI	DE	INT/INCI	DENT I	REPO		lents		
BASI	C INFORM	TION								a an air an an				
	nt/Incident Loc						Ac	cident/Incid	ent Date/1	Time			and an an inclusion of the second	
Nearest City/Place: Monroe State: NC						Date: 06/06/2015 Local Time: 1405								
ZIP:Country: USA							mm/dc							
Latitude: Longitude:									Ti	me Zone: _	EDT			
(Enter in decimal degrees or degrees:minutes:seconds)							Collision with Other Aircraft: O Midair OOn-ground ONone							
AIRC	RAFT INFO	RMATIO	N									1.1.1.1.1.1		
Registr	ation Number:	N323 RP					☑ IFR-Equipped and Certified □ Commercial Space Flight							
Manuf	acturer: Steve	Raddatz						Unmanned		ght				
Model:	Vans RV-8						M	aximum Gr	oss Weigh	t: 1800		lbs		
Serial I	Number: 8123	8	(P)					eight at Tin	0				lbs	
	f Manufacture:							umber of Se				Local And Decomposition		
			⊙Kit/Plans Ma	ke Vans F	RV 8			uniber of Sea						
Amate	ONo		Original Design				1	umber of En			1 assenge			
Catego	ory of Aircraft	Type of A	irworthiness Co	ertificate		Landing Ge			<u> </u>	Engine	e Type (S	elect one)		
⊙ Airpl	150 C	(Check all t	hat apply)			(Check all the		oply)			procating	OLiqu	id Rocket	
OBallo	on p/Dirigible	Standar		rted		Co	Retr	ractable			o Shaft	-	l Rocket rid Rocket	
OGlide		Aerob	The second se			Tricycle	Tailwheel O Turbo Prop O Hybrid Rod O Turbo Jet O None							
								igh Skid	OTurb		OUnki	nown		
					Emergend Float	cy FI	loat □SI		OElec	tric				
ORocket 🗌 Utility 🗖 Special Light-Sport					Hull			ci/Wheel	Fuel Sy	stem Type	e (Reciprocati	ng)		
OUltra OUnkr	C		1000 00 00 00 00 00 00 00 00 00 00 00 00	0	Intal Light-Sport OCarburetor OFuel-In						-Injected			
		Certificate	e of Authorization	or Waiver Unknown	(COA)	□ None		Dυ	nknown					
		L					Date Rated Power				Total		Since:	
Engine	Engine Manuf	octurar	Engine Model/Series	Manufacturer's Serial Number				of Mfg. mm/dd/yvyy	O Horser O lbs of		Time (hours)	Inspection (hours)	Overhaul (hours)	
Eng. 1	Lycoming		IO360 A1A		L699-5			mm aa yyyy	200	must	281.9	(nours)		
Eng. 2		1									-			
Eng. 3														
Eng. 4												1		
Last I	nspection Type			Propell	er 1	OFixed F	ed Pitch Propeller 2 OFixed Pitch OControllable Pitch						Pitch	
O 100-H		tinuous Airwo					nd Adjustable				OGround Adjustable			
OAAIF		ditional Inspe	ction	Manufacturer: Whirl Wind				Manufacturer:						
 Annu 			045	• Model:	150				Mode	el:				
Date L	ast Inspection:	05/01/2 mm/dd/yy	2015 ///	ELT In	LT Installed: OYes ONo Additional Equipment (Check					Check all tha	t apply)			
Airfrai	ne Total Time:		hrs	If Yes:					AD		obute			
1	rs measured at (S						——————————————————————————————————————			Airframe Parachute				
O Last Inspection O Time of Accident/Incident				Model or Part No.:				Aut			1000			
Type of Maintenance Program (Select one)						6 (406 MHz)				☐ Data Recorder ☐Electronic Flight Bag or Handheld Device				
O Annu		h		Was EL	T still mo	ounted in aircra	raft? OYes ONo			etronic Mu	ultifunction	n Display		
	litional (Amateur- ufacturer's Inspect						enna? OYes ONo			Electronic Primary Flight Display Handheld GPS				
	r Approved Inspec		(AAIP)	If active		e? OYes O	INO		Hea	☐ Handheld GPS ☐ Heads Up Display ☐ Onboard Weather ☐ Satellite Tracking Device				
	inuous Airworthir r, specify:	ness				Locating Aircra	aft:	OYes ONo						
	ption of Fire Ex	tinguishing	System	-	ctivated:	3			Stal	l Warning	System			
O Non	e	0		Indicate	Reason:			e			ling Device	9		
O Spec	cify:					Fire Dama		d/Damaged		er, Specif	у.			
□ Battery I □ Unknow														

OWNER/OPERATOR INFORMA	TION						
Registered Aircraft Owner		City: Northport					
Name: Ozero Hayes Hutchins Jr.		State: Alabama ZIP: 35473					
Fractional Ownership Aircraft: O Yes O	No	Country: USA					
Operator of Aircraft Same As Re	gistered Owner	☑ Same Address as Registered Owner					
Name:		City:					
Doing Business As:		State: ZIP:					
Air Carrier/Operator Designator (4 Charact	er Code):	Country:					
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)					
 None Flag Carrier Operating Certificate (FAR 121) Supplemental Air Cargo Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) 	 OFAR 91 OFAR 129 OFAR 133 OFAR 133 OFAR 121 OFAR 135 OFAR 125 OFAR 137 OFAR 91 OFAR 91 Special Flight ONon-US, Commercial 	 431 O Non-Scheduled or Air Taxi 435 437 O Passenger O Cargo 					
Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135)	ONon-US, Non-commercial	O Mail Contract Only					
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141) Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft	OPublic Aircraft <i>(Select one)</i> O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 133, 137 (Select one) O Aerial Application O Firefighting O Aerial Observation O Flight Test O Air Drop O Glider Tow O Air Race/Show O Instructional O Banner Tow O Other Work Use O Business O Personal O Executive/Corporate O Positioning					
	A STATE AND A STAT	O External Load O Skydiving					
Revenue Sightseeing Flight	Air Medical Flight O Yes O No	OFerry					
	-						
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	pproach, landing, takeoff, departure, or within 3 miles of an airport)					
		Distance From Airport Center:sm					
Airport Identifier: KEQY		Direction From Airport: degrees true					
Proximity to Airport: O Off Airport/Airstri	p On Airport/Airstrip ON/A	Airport Elevation: <u>682</u> ft. msl					
Runway Information Runway ID: 05/23 (L/R/C) Length: 70 Runway/Landing Surface (Check all that of the construction of the construle of the construction of the construction of the cons	apply) adam □ Water al/Wood _	Condition of Runway/Landing Surface (Check all that apply) Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Slush-Covered Vegetation Unknown					
Approach/Departure Segment (Select one	;)						
OTaxi OTakeoff OInitial Climb	OOn Instrument Ap	pproach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown					
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)					
⊠None		None					
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling	Traffic Pattern Stop and Go Straight-In Touch and Go Valley/Terrain Following Simulated Forced Landing Go Around Forced Landing Full Stop Precautionary Landing Unknown Straight-In					

"FLIGHT CREWMEME	BER 1" INFOR	MATION	N							
"Flight Crewmember 1" Res	oonsibilities at the			ent						a raa <mark>latiina</mark> marka kalanaa sa babiin
⊙ Pilot O Co-Pilot	O Student Pilot C	Flight Inst	ructor OC	heck Pilot	O Fligh	nt Engineer	O Other F	light Crew		
"Flight Crewmember 1" was	pilot flying 🛛 🗹	es 🔲 No								
"Flight Crewmember 1" Ider	tification									
					City of Re	sidence:				
Middle Initial: H	2							ZIP:		
Last Name: Hutchins										
and the second second second second					19499-001-001-0-00-00-00-00-00-00-00-00-00-00		m/dd/yyyy			
Age at time of A	Accident/Incident: _			V9			n/aa/yyyy			
	-	Cert	ificate Numbe							
Degree of Injury	Seat Occupied		0.11		estraint Ty	pe		1	Inflatable F	Restraints
 None Minor Unknown 		Front Rear	O Unknown		Availabl	7.0	Used			alled
O Serious		Single			O None O Lap o		O None O Lap only	/	✓ Not Inst □ Installed	
Pilot Certificate(s) (Check all	that apply)		- Merena Merena IV		O 3-poir	nt	O3-point		Not Dep	oloyed
□ None □ Flight In			🗖 US Milita	ary	⊙ 4-poir		O 4-point O 5-point		□ Deploye □ Unknov	
Private Recreation		ne Transport	Foreign		O 5-poir O Unkn		O Unknow	/n		VII
Student Sport	L Fligh	t Engineer			•		U and a second	19100		
Principal Occupation M	edical Certificate			M	edical Cer	tificate Va	lidity		Date of Las	t Medical
	None OCla	ss 3				nitations/waiv	vers OU	nknown		
⊙ Other C	Class 1 ODriv		e (Sport Pilot or			tions/waivers	O N	/A	<u>05/29/2014</u> mm/dd/yyyy	
· · · · · · · · · · · · · · · · · · ·	Class 2 OUnl	nown		10	Special Iss	uance			mm/au/yy	vyy
Medical Certificate Limitatio	ns									
Glasses										
Medical Certificate Special I	E Constantino de Cons				a					
Date of Last Flight Review		Flight B	Review Aircra	aft					A-964 (* 1977)	
or Equivalent, Including		AL (77)		410						
FAR 121/135 Checks:	06/01/2015 mm/dd/yyyy	Make: <u>\</u> Model:	and Marries							<u></u>
11 1 D (1)	Other Aircraft Ra			4 D . 4	-	Tractorestor	Dating(a)			
Airplane Rating(s) (Check all that apply)	(Check all that apply)	1000 C 1000 C 1000	Instrumen (Check all th	Construction County of the	s)	(Check all 1	r Rating(s)			
□ None	□ None		□ None	uu appiy)		□ None	nut appij)		Instrument	Airplane
☑ Single-Engine Land	Airship		Airplane	5		Airplan	e Single-Engi	ine 🗖	Instrument	
Single-Engine Sea	Balloon		Helicopt				e Multi-Engir		Helicopter	
 Multiengine Land Multiengine Sea 	Glider Gyroplane		D Powered	Lift		Gyropla			Glider Sport	
	Helicopter					Ann S Section		10	- 1	
President and this effective	Powered Lift					Ci li i T		A- /T 1 1		
Type Ratings						Student E	andorsemer	nts (Include o	aates)	
A-310										
B-757 B-767						2				
and and an										
	[. [Airplane			Inst	rument		T	29.9
Flight Time (Enter appropriate number of hours in each box)		s Make Model	Single Engine	Airplane Multiengine	e Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	20,000	150	4,000	15,00		Actual	Simulateu			
Pilot in Command (PIC)	8,000	100		13,00	<u> </u>					
	0,000			_						
Time as Instructor						-		the same little		
This Make/Model						-			And	
Last 90 Days				M						
Last 30 Days										
Last 24 Hours								L	1	L

"FLIGHT CREWMEMBER 2" INFORMATION											
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident											
OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew											
"Flight Crewmember 2" was	pilot flying Ye	s □No)								
"Flight Crewmember 2" Iden											
First Name: City of Residence:											
Middle Initial: ZIP: ZIP:								P:			
Last Name: Country:											
Age at time of A	ccident/Incident:		Date of Birt	th:			mm/				
·			icate Numbe								
Degree of Injury	Seat Occupied				Restraint	Тур	De]	Inflatable R	estraints
O None O Fatal		Front	OUnknown	n	Availa	ble	1	Used			
O Minor O Unknown O Serious		Rear Single			O No	one		O None		□ Not Insta	
Pilot Certificate(s) (Check all a	1	2	an a		O La O 3-r			O Lap only O 3-point		□ Installed □ Not Dep	
□ None □ Flight In:		ercial	🗖 US Mili	itarv	O 4-r	point		O 4-point		Deploye	d
Private Recreation	onal 🗖 Airline	e Transport			O 5-p O Un			O 5-point O Unknow	n	Unknow	n
□ Student □ Sport	□ Flight	Engineer			Uun	1/1101	vv11	Unknow			
Principal Occupation M	edical Certificate				Medical (Certi	ificate Val	idity		Date of Las	t Medical
	None O Class	s 3		1			tations/waiv	ers O Ur	known		
O Other	Class 1 O Driv	er's License	e (Sport Pilot o	only)	O With lin	nitatio	ons/waivers		A		vv
<u> </u>	Class 2 O Unki	nown			O Special	Issua	ince			mm/dd/yy	y ý
Medical Certificate Limitation	ons										
Madical Cartificate Special L	scuanca										
Medical Certificate Special Is	ssuance										
Data of Lost Elight Davis	1	Flicken		eo ft							
Date of Last Flight Review or Equivalent, Including		-	eview Aircr								
FAR 121/135 Checks:		No.		e generation of the	-						0
	mm/dd/yyyy	Model:	1			1					
Airplane Rating(s)	Other Aircraft Rat	ting(s)	Instrume				nstructor	0.1			
(Check all that apply)	(Check all that apply) □ None		(Check all i	that app	(y)	1. 2	Check all the None	ai apply)		Instrument A	irnlane
☐ None ☐ Single-Engine Land	Airship		Airplan	ne			Airplane	Single-Engin	e 🗆	Instrument H	
☐ Single-Engine Sea	Balloon		Helicop	oter			Airplane	Multi-Engine		Helicopter	
 Multiengine Land Multiengine Sea 	☐ Glider ☐ Gyroplane		D Powere	d Lift			Gyroplan Powered			Glider Sport	
	Helicopter					1	I OWCIEU			Sport	
	Powered Lift		1		and the second second	-	1. J. (T		- <i>a</i> - 1 - 1		
Type Ratings						8	student En	dorsement	s (Include a	ates)	
Flight Time (T			Airplane				Insti	ument			Lister
Flight Time (Enter appropriate number of hours in each box)		s Make Model	Single Engine	Airpl: Multier		ght	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time			gv								
Pilot in Command (PIC)										_	
Time as Instructor						2					
This Make/Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											
Instantine and the second s		the second s	distant in the second state of the second	and the second states	Contraction of the other sectors and the sector			and the second			

ADDITIONAL F	LIGITI CIVE AMMENT	DENO 1	Exclusive	or capin cre	w, complete	the followin	g information)			
Crew Name and A							Seat Occupie	a	Injury	
and the second		City	of Residen	ce:			OLeft	O Front O Rear	O None O Minor	
Middle Initial:					CIP:		O Center O Right	O Minor O Serious		
							ORigin	O Single O Unknown	O Fatal	
							Restraint Typ	A.	O Unknown Inflatable	
Pilot Certificate(s) (Check all that apply)								Used	Restraints	
□ None □ Private	 Flight Instructor Recreational 	□ Commercial □ US Military □ Airline Transport □ Foreign					O None O Lap Only	O None O Lap Only	□ Not Installed	
□ Student						O 3-point	O 3-point	Installed		
Type Rating/Endo	Total Fl	ight Time at	the Time		O 4-point O 5-point	O 4-point O 5-point	 Not Deployed Deployed Unknown 			
Accident/Incident		🗖 No	of this A	.ccident/Inci	dent:	hrs	O Unknown	O Unknown		
Constantine and A							Seat Occupie	d	Injury	
Crew Name and A		City	. of Decider				OLeft	OFront	ONone	
				ZIP:			OCenter	ORear	O Minor	
Middle Initial:							ORight	O Single O Unknown	O Serious O Fatal	
Last name:	Last Name: Country:								O Unknown	
Pilot Certificate(s)	(Check all that apply)						Restraint Typ Available	oe: Used	Inflatable	
□ None	Flight Instructor		mmercial		Military		O None	ONone	Restraints	
Private	Recreational	□ Airline Transport □ Foreign □ Flight Engineer					O Lap Only	O Lap Only	□ Not Installed □ Installed	
Type Rating/Endorsement for Total Fl				4			O 3-point O 4-point	O 3-point O 4-point	□ Not Deployed	
				ight Time at .ccident/Inci		hrs	O 5-point O Unknown	O 5-point O Unknown	DeployedUnknown	
	S) / OTHER PERSO		(Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)			
Name and Addres										
Name and Audres	c			Seat	Injury	in 1975	vne	Inflatable Restraints	Age	
				Seat	Injury	Restraint T Available	`ype Used	Inflatable Restraints	Age	
First Name:	City :		A Louis Constants	Seat OLeft	Injury	Restraint T Available ONone	Used ONone	Restraints	Age	
First Name: Middle Initial:	City :		A Louis Constants	OLeft OCenter	O None O Minor	Restraint T Available ONone OLap Only	Used ONone OLap Only	Restraints	Under 5 years	
Middle Initial:	City :	ZIP:		OLeft	ONone	Restraint T Available ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point	Restraints	Under 5 years	
Middle Initial:	City : State:	ZIP:		OLeft OCenter ORight	O None O Minor O Serious	Restraint T Available ONone OLap Only O3-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints	Under 5 years	
Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP: O O	ther	OLeft OCenter ORight OUnknown Row:	O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
Middle Initial: Last Name: OCrew	City : State: Country: OPassenger City :	ZIP:	ther	OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal	Restraint T 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	Restraints	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years	
Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: Country: OPassenger City : State:	ZIP: O O ZIP:	ther	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 T 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 O 3-point	Restraints	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5,	
Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: Country: OPassenger City :	ZIP: O O ZIP:	ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter	ONone OMinor OSerious OFatal OUnknown	Restraint T 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 O 3-point O 4-point O 5-point O 5-point	Restraints	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years	
Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City : State: Country: Passenger City : State: Country: OPassenger	ZIP: O O ZIP: O O	ther ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used Unknown Used	Restraints Not Installed Installed Deployed Unknown Not Installed Installed Dinstalled Doployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name:	City : State: Country: Passenger City : State: Country: Passenger City :	ZIP: O 0 ZIP: O 0	ther ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	ONone OMinor OSerious OFatal OUnknown ONone OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O5-point OUnknown	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Unknown	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Deployed Unknown Not Not Deployed Deployed Not Not Netalled Not Not Netalled	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held	
Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: OPassenger City : State: Country: OPassenger City : City : State:	ZIP: O O ZIP: O O ZIP:	ther ther	OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OLeft OCenter	O None O Minor O Serious O Fatal O Unknown O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only OJ-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 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 3-point O 3-point O 4-point O 3-point O 4-point O 3-point O 3-point O 4-point O 4-point	Restraints Not Installed Installed Deployed Unknown Not Installed Not Deployed Unknown Not Deployed Unknown Not Installed Installed Not Installed Not Installed Not Installed Not Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years	
Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: Country: Passenger City : State: Country: Passenger City :	ZIP: O O ZIP: O O ZIP:	ther ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point 04-point 5-point 04-point	Restraints	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: OPassenger City : State: Country: OPassenger City : City : State:	ZIP: O O ZIP: O O ZIP:	ther ther ther	OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available O None O Lap Only O 3-point O 4-point O Unknown Available O None O Lap Only O 3-point O 4-point O 4-point O Lap Only O 3-point O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point O 5-point O 4-point O 4-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 0 Unknown	Restraints Not Installed Installed Deployed Unknown Not Installed Not Deployed Unknown Not Deployed Unknown Not Installed Installed Not Installed Not Installed Not Installed Not Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5 years If Under 5,	
Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name: OCrew	City : State: City : City : Country: OPassenger City : City : City : City : City : Country: Country: OPassenger	ZIP: O O ZIP: O O ZIP:	ther bther bther	OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point 0 Unknown Used None Lap Only 3-point 0 4-point 0 5-point 0 4-point 0 5-point 0 4-point 0 5-point 0 4-point 0 5-point 0 5-point 0 4-point 0 5-point 0 4-point 0 5-point 0 5-point 0 4-point 0 5-point 0 5-p	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Deployed Unknown Not Installed Installed Deployed Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5, ○ Child Restraint ○ Lap-Held ○ Lap-Held ○ Lap-Held ○ Unknown	
Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: First Name: Middle Initial: Last Name:	City : Country: OPassenger City : Country: OPassenger City : City : City : City : Country: Country: City : City : City :	ZIP: O O ZIP: ZIP: O O	ther ther ther ther ther ther	OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OLeft OCenter ORight OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-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 O5-point O4-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point Unknown Used None Lap Only 3-point Unknown Used None Lap Only 1-point 0-poin	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Installed Not Deployed Installed	□ Under 5 years If Under 5, Child Restraint Chap-Held Under 5, Child Restraint Under 5, Child Restraint Chap-Held Unknown Under 5 years If Under 5, Child Restraint Chap-Held Unknown Under 5 years If Under 5, Child Restraint Chap-Held Unknown Under 5 years If Under 5, Child Restraint Chap-Held Unknown Under 5 years	
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Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name: OCrew First Name: OCrew	City : State: OPassenger City : City : OPassenger City : OPassenger City : OPassenger Country: OPassenger City : OPassenger	ZIP: O O ZIP: O O ZIP: Q O ZIP:	ther ther ther ther ther ther ther	OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown Row:	ONone OMinor OSerious OFatal OUnknown OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-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 O5-point O4-point	Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point Unknown Used None Lap Only 3-point 4-point 5-point 0 Unknown Used None Lap Only 3-point 0 4-point 0 5-point 0 5	Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Installed Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown Not Installed Not Deployed Unknown	□ Under 5 years If Under 5, Child Restraint Chap-Held Under 5, Child Restraint Under 5, Child Restraint Chap-Held Unknown Under 5 years If Under 5, Child Restraint Chap-Held Unknown Under 5 years If Under 5, Child Restraint Chap-Held Unknown Under 5 years If Under 5, Child Restraint Chap-Held Unknown Under 5 years	

FLIGHT ITINERAR	Y INFORMATIC	N								
Last Departure Point		ne of Departure	Destinatio	on		Type Fligh	nt Plan F	ïled		
Airport ID: KTCL		1029	Airport ID:	KEQY	O None O V			O VFR/IFR		
City: Tuscaloosa	Tin	ne: 1038	City: Mon			O Company VFR O IFR O Military VFR O Unknow				
		ne Zone: Cdt	State: NC			⊙ VFR	VIR	O Olimito init		
Country: USA		Country: USA				1007301 202.500D4040	OYes	⊙No OUnk	known	
Type of ATC Clearance/	Service (Check all the	t apply)								
□ None	Special VFR	□ Spec	ial IFR		☑ VFR Flight Foll	owing	Cruis	se		
VFR	☐ IFR		On Top		Traffic Advisory		🗖 Unki	nown / NA		
Airspace where the accid	lent/incident occurr	d (Check all that a	ipply)			no de contrativita de la contra de la contra En la contra de la c	Altitu	de of In-Fligh	ht	
Class A	Class G		ary Operations		Special	1.4		rence:		
Class B Class C	Demo Area Warning Area		ort Advisory A raining Area	rea	Air Traffic Cont	fol Area		ft n	msl	
Class D	Prohibited Area	TRS.	A							
Class E	Restricted Area	🗖 FAR	. 93							
WEATHER INFOR	MATION AT TH	E ACCIDENT	/INCIDEN	IT SITE						
Source of Pilot Weather	Information			1	oservation Facility					
(Check all that apply)				Facility ID: K	EQY					
National Weather Service	□ Co □ Mi	mpany litary		Observation T	ime:					
TV/Radio				Time Zone:						
Automated Report		ne			Accident Site: _~					
Commercial Weather Ser	vice (DUATS)	known			n Accident Site:			s true		
Basic Conditions		Light Condition	n							
Ø VMC		ODawn	ODusk	ODar	k Night OU	nknown				
OIMC		©Day	ONight		ght Night					
O Unknown						0.0.0				
Sky/Lowest Cloud Cond	lition	Ceiling			Temperature:		(C) or _	85 (F)	F)	
O Clear O Thin Broken			None (Clear) Obscured			Dew Point:(C) or(F)				
O Few O Thin Overcast O Partial Obscuration O Unknown		O Broken O Indefinite O Overcast O Unknown								
• Scattered	O OVERCASE			Altimeter Setting: in. Hg orMB						
Lowest Cloud Condition	n Height	Ceiling Height	Ē.			UI	1VII	•		
s <u></u>	ft agl			ft agl						
Wind Direction	Wind Speed	1	Wind Gusts	\$	Visibility	10	miles			
□ Variable	Calm		🔲 Not Gusti	ng	RVR					
-	Light and Va	riable	000000		1					
-or- Direction: 350 degrees	rue Speed: 9	kts	-or-	kts		:		ft		
		and the second se	Speed:		Restriction to					
Intensity of Precipitation	• •	itation (Check all th		a Rain	□ None		<i>леск ай і</i> Fog	nui appiy)		
O Light O Moderate	\square None \square Rain	Drizzle Ice Pellets	□ Freezir □ Snow S		Blowing D	ust 🗖	Ground F	og		
O Heavy	□ Snow	□ Snow Pellets	Ice Pell	lets Shower	Blowing Sa		Haze			
ON/A	Hail	Snow Grains	Freezin	ng Drizzle	Blowing Sr		Ice Fog Smoke			
OUnknown	□ Rain Showers	□ Ice Crystals			Dust		Unknown			
Icing Forecast		Icing Actual			Turbulence			and a second		
Amount Type		Amount	Туре		Type (Check a	ull that apply)		everity		
O None O N//		O None	O N/A		□ None □ Clear Air			Light Moderate		
O Trace O Rin O Light O Cle		O Trace O Light	O Rim O Clea		Terrain-Ind	uced		Severe		
O Moderate O Mi	xed	O Moderate	O Mixe	ed	Convective			Extreme		
O Severe O Un	known	O Severe	O Unk	nown						
OUnknown		OUnknown								
NOTAMs (D and FDC	C), AIRMETs, SIC	METs, PIREPS	in effect at	the time of	the accident/inci	dent:				
L			~							
			8							

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage

O None O Minor

Aircraft Fire • Substantial • None O In-Flight O On-Ground

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

Aircraft Explosion

• None O In-Flight O On-Ground O Both Ground and In-Flight O Explosion at Unknown Time OUnknown

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

Left wing damage Left gear damage

O Destroyed

O Unknown

NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

Normal approach, normal touch down, aircraft deviated from RWCL to right. Unable to correct. Departed RW to right and went down embankment. Came to rest about 125 degrees from RWH.

RECOMMENDATION (How could this	accident/incident have by	een prevented?)				
Operator/Owner Safety Recommendation	avoidenti mendent nave De	con preventeu:)				
Special of the Safety Recommendation						
MECHANICAL MALFUNCTION/	FAILURE (If more spa	ace is needed, co	ntinue on sepa	ate sheet)		
Was there Mechanical Malfunction/Failur		11.0 2010/01 10		_	Total Tim	e/Cycles
(If yes, list the name of the part, manufacturer, par	t no., serial no., and describe	the failure.)			On Part	
						Hours
						Cycles
					Time Sinc	e This Part
					[10] S. M.	/Overhauled
						Hours
						110013
FUEL & SERVICES INFORMATI	Fuel Type					
(Convert from pounds, as necessary)	and the second sec	115/145	O Jet B	O Other, specif	ý	
42 Gallons		Jet A Jet A-1	O JP8 O Automotive			
Other Services, if Any, Prior to Departure		Jet A-1	Automotive			
other services, if Any, i nor to Departure						
EVACUATION OF AIRCRAFT						
Was an emergency evacuation of the aircr	aft performed?	Yes 🗹 No				
Method of Exit – Describe how the occupar	nts exited and how many o	occupants evacuate	ed each location			
OTHER AIRCRAFT - COLLISIO	N (If air or ground collis	sion occurred, co	mplete this sec	tion for other ai	rcraft)	
	turer:				Damage to Oth	
100				1	 Destroyed Substantial 	☐ Minor ☐ None
Registered Owner of Other Aircraft			Other Aircraft			
-						
Name:						
City:		State:		_ZIP:		
Country:		Country	:			

8		TION (Please type or print in ink)			a distribution
Use this space if addi	tional space	is needed for any answers.			
I HEREBY CERTIF	Y THAT TH	HE ABOVE INFORMATION IS COMPL	ETE AND ACCURATE TO T	HE BEST OF	Y KNOWLEDGE
Date of this Report	- Andrew Contraction of the second	and Name of Pilot/Operator			
Success this Report	Signature:				
mm/dd/yyyy		nt Name: Hayes Hutchins			
		Filing Report if Other than Pilot/Operato	0		
		r ning Report if Other than r not Operati			
ASSN Chemerally and the state of the set					
Title:					
		FOR NTSB	USE ONLY		
NTSB Accident/Inci	ident No	Reviewed by NTSB Regional Office	Name of Investigator		Date Report Received
ERA15LA244	iuciii 190.	ERA - (Orig Page 11 Missing)	Cox		~ 7-1-2015