# NATIONAL TRANSPORTATION SAFETY BOARD
## PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT
### This form to be used for reporting civil and public aircraft accidents and incidents

## BASIC INFORMATION

**Accident/Incident Location**

Nearest City/Place: St. Petersburg          State: FL

ZIP: _____ Country: USA

Latitude: _____ Longitude: _____

*(Enter in decimal degrees or degrees:minutes:seconds)*

**Accident/Incident Date/Time**

Date: 09/30/2015   Local Time: 11:00
*mm/dd/yyyy*

Time Zone: EST

**Collision with Other Aircraft:** O Midair   O On-ground   ☒ None

## AIRCRAFT INFORMATION

Registration Number: N21ND

Manufacturer: PIPER

Model: PA-30

Serial Number: 30-86

Year of Manufacture: 1963

Amateur-Built: O Yes   If Yes: O Kit/Plans   Make: _____
☒ No        O Original Design

☒ IFR-Equipped and Certified
☐ Commercial Space Flight
☐ Unmanned Aircraft

Maximum Gross Weight: _____ lbs

Weight at Time of Accident/Incident: _____ lbs

Number of Seats: 4   Flight Crew Seats: 2

Cabin Crew Seats: _____   Passenger Seats: 2

Number of Engines: 2

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

**Type of Airworthiness Certificate**
*(Check all that apply)*

**Standard**
- ☒ Normal
- ☐ Aerobatic
- ☐ Balloon
- ☐ Commuter
- ☐ Transport
- ☐ Utility

**Special**
- ☐ Restricted
- ☐ Limited
- ☐ Provisional
- ☐ Special Flight
- ☐ Experimental
- ☐ Special Light-Sport
- ☐ Experimental Light-Sport

☐ Certificate of Authorization or Waiver (COA)
☐ None          ☐ Unknown

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

**Engine Type** *(Select one)*
- ☒ Reciprocating     O Liquid Rocket
- O Turbo Shaft       O Solid Rocket
- O Turbo Prop        O Hybrid Rocket
- O Turbo Jet         O None
- O Turbo Fan         O Unknown
- O Electric

**Fuel System Type** *(Reciprocating)*
- O Carburetor        ☒ Fuel-Injected

| Engine | Engine Manufacturer | Engine Model/Series | Manufacturer's Serial Number | Date of Mfg. mm/dd/yyyy | Rated Power ☒ Horsepower or O lbs of Thrust | Total Time (hours) | Time Since: Inspection (hours) | Time Since: Overhaul (hours) |
|---|---|---|---|---|---|---|---|---|
| Eng. 1 | Lycoming | | L-283-SS | | 160 | 7252 | 0 | 1584 |
| Eng. 2 | Lycoming | | L-282-SS | | 160 | 7252 | 0 | 1584 |
| Eng. 3 | | | | | | | | |
| Eng. 4 | | | | | | | | |

**Last Inspection Type**
- O 100-Hour      O Continuous Airworthiness
- O AAIP          O Conditional Inspection
- ☒ Annual        O Unknown

Date Last Inspection: 09/10/15
*mm/dd/yyyy*

Airframe Total Time: 7252 hrs

hours measured at *(Select one)*
- ☒ Last Inspection   O Time of Accident/Incident

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

**Description of Fire Extinguishing System**
- O None
- O Specify:

**Propeller 1**
- O Fixed Pitch
- O Controllable Pitch
- O Ground Adjustable

Manufacturer: _____

Model: _____

**Propeller 2**
- O Fixed Pitch
- ☒ Controllable Pitch
- O Ground Adjustable

Manufacturer: _____

Model: _____

**ELT Installed:** O Yes   O No

*If Yes:*

ELT Manufacturer: _____

Model or Part No.: _____

TSO No.: O C91 (121.5 MHz)  O C91a (121.5 MHz)
O C126 (406 MHz)

Was ELT still mounted in aircraft? O Yes O No
Was ELT still connected to antenna? O Yes O No
Did ELT Activate? O Yes O No

*If activated:*
Did ELT Aid in Locating Aircraft: O Yes O No

*If not activated:*
Indicate Reason:
- ☐ Impact Damage
- ☐ Fire Damage
- ☐ Battery Expired/Damaged
- ☐ Unknown

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

## OWNER/OPERATOR INFORMATION

**Registered Aircraft Owner**

Name: _Sowards Aircraft Leasing, LLC_

City: _Murrieta_
State: _CA_    ZIP: _92563_

Fractional Ownership Aircraft:  ○ Yes  ⊗ No

Country: _USA_

**Operator of Aircraft**    ⊠ *Same As Registered Owner*

Name: _____

Doing Business As: _____

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

⊠ *Same Address as Registered Owner*

City: _____

State: _____    ZIP: _____

Country: _____

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**Operating Certificates Held**
*(Check all that apply)*

☒ None
☐ Flag Carrier Operating Certificate (FAR 121)
☐ Supplemental
☐ Air Cargo
☐ Foreign Air Carriers (FAR 129)
☐ Rotorcraft External Load (FAR 133)
☐ Commuter Air Carrier (FAR 135)
☐ On-Demand Air Taxi (FAR 135)
☐ Commercial Air Tour (FAR 136)
☐ Agricultural Aircraft (FAR 137)
☐ Pilot School (FAR 141)
☐ Certificate of Authorization or Waiver (COA)
☐ Commercial Space Transportation Experimental Permit
☐ Commercial Space Transportation License
☐ Other Operator of Large Aircraft

**Regulation Flight Conducted Under**

⊗ FAR 91    ○ FAR 129    ○ FAR 415
○ FAR 103    ○ FAR 133    ○ FAR 431
○ FAR 121    ○ FAR 135    ○ FAR 435
○ FAR 125    ○ FAR 137    ○ FAR 437

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

○ Public Aircraft *(Select one)*
　○ Armed Forces
　○ Federal
　○ State
　○ Local

○ Unknown

**Revenue Operation for FAR 121, 125, 129, 135**
*(Select one for each group)*

○ Scheduled or Commuter
○ Non-Scheduled or Air Taxi

○ Domestic
○ International

○ Passenger
○ Cargo
○ Mail Contract Only

**Purpose of Flight for FAR 91, 103, 133, 137**
*(Select one)*

○ Aerial Application
○ Aerial Observation
○ Air Drop
○ Air Race/Show
○ Banner Tow
○ Business
○ Executive/Corporate
○ External Load
⊗ Ferry

○ Firefighting
○ Flight Test
○ Glider Tow
○ Instructional
○ Other Work Use
○ Personal
○ Positioning
○ Skydiving

○ Unknown

**Revenue Sightseeing Flight**
　○ Yes  ⊗ No

**Air Medical Flight**
　○ Yes  ⊗ No

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

Airport Name: _St. Pete - Clearwater Int'l_
Airport Identifier: _KPIE_
Proximity to Airport:  ○ Off Airport/Airstrip  ⊗ On Airport/Airstrip  ○ N/A

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

**Runway Information**

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

**Runway/Landing Surface** *(Check all that apply)*

☐ Asphalt    ☐ Grass/Turf    ☐ Macadam    ☐ Water
☐ Concrete    ☐ Gravel    ☐ Metal/Wood
☐ Dirt    ☐ Ice    ☐ Snow    ☐ Unknown

**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
☐ Rubber Deposits ☐ Soft
☐ Slush-Covered  ☐ Vegetation        ☐ Unknown

**Approach/Departure Segment** *(Select one)*

○ Taxi
○ Takeoff
○ Initial Climb

○ VFR Departure
○ IFR Departure Procedure/Clearance

○ On Instrument Approach
○ Landing

○ Downwind
○ Base
○ Final
○ Crosswind

○ Low Approach
○ Go Around
○ Aborted Landing (after touchdown)
○ Unknown

**IFR Approach** *(Check all that apply)*

☐ None

☐ ADF/NDB    ☐ PAR            ☐ MLS      ☐ Practice
☐ SDF        ☐ Sidestep       ☐ LDA      ☐ GPS
☐ VOR/TVOR   ☐ ILS            ☐ ASR
☐ VOR/DME    ☐ Localizer Only  ☐ Visual
☐ TACAN      ☐ LOC-back course ☐ Contact
　　　　　　　☐ RNAV           ☐ Circling
　　　　　　　　　　　　　　　　　　　　　　☐ Unknown

**VFR Approach** *(Check all that apply)*

☐ None

☐ 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

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## "FLIGHT CREWMEMBER 1" INFORMATION

**"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident**
◉ Pilot　○ Co-Pilot　○ Student Pilot　○ Flight Instructor　○ Check Pilot　○ Flight Engineer　○ Other Flight Crew

**"Flight Crewmember 1" was pilot flying**　☒ Yes　☐ No

**"Flight Crewmember 1" Identification**

First Name: MARSHALL B　　　　　　　City of Residence: Lake Elsinore

Middle Initial: C　　　　　　　　　State: CA　　　　ZIP: 92352

Last Name: Barath　　　　　　　　　Country: USA

Age at time of Accident/Incident: 24　　Date of Birth: ▮▮▮▮▮▮ *mm/dd/yyyy*

Certificate Number: ▮▮▮▮▮▮

| Degree of Injury | Seat Occupied | Restraint Type | Inflatable Restraints |
|---|---|---|---|
| ○ None　◉ Fatal<br>○ Minor　○ Unknown<br>○ Serious | ◉ Left　○ Front　○ Unknown<br>○ Right　○ Rear<br>○ Center　○ Single | **Available**　　**Used**<br>○ None　　　○ None<br>○ Lap only　○ Lap only<br>○ 3-point　○ 3-point<br>○ 4-point　○ 4-point<br>○ 5-point　○ 5-point<br>○ Unknown　○ Unknown | ☐ Not Installed<br>☐ Installed<br>☐ Not Deployed<br>☐ Deployed<br>☐ Unknown |

**Pilot Certificate(s)** *(Check all that apply)*

☐ None　☒ Flight Instructor　☒ Commercial　☐ US Military
☐ Private　☐ Recreational　☐ Airline Transport　☐ Foreign
☐ Student　☐ Sport　☐ Flight Engineer

| Principal Occupation | Medical Certificate | Medical Certificate Validity | Date of Last Medical |
|---|---|---|---|
| ◉ Pilot<br>○ Other<br>○ Unknown | ○ None　○ Class 3<br>◉ Class 1　○ Driver's License (Sport Pilot only)<br>○ Class 2　○ Unknown | ◉ Without limitations/waivers　○ Unknown<br>○ With limitations/waivers　○ N/A<br>○ Special Issuance | 01/16/2014<br>*mm/dd/yyyy* |

**Medical Certificate Limitations**

NONE

**Medical Certificate Special Issuance**

NONE

| Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: | Flight Review Aircraft |
|---|---|
| 11/20/2014<br>*mm/dd/yyyy* | Make: _____<br>Model: _____ |

**Airplane Rating(s)** *(Check all that apply)*
☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☒ Multiengine Land
☐ Multiengine Sea

**Other Aircraft Rating(s)** *(Check all that apply)*
☒ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

**Instrument Rating(s)** *(Check all that apply)*
☐ None
☒ Airplane
☐ Helicopter
☐ Powered Lift

**Instructor Rating(s)** *(Check all that apply)*
☐ None　　　　　　　☐ Instrument Airplane
☐ Airplane Single-Engine　☐ Instrument Helicopter
☒ Airplane Multi-Engine　☐ Helicopter
☐ Gyroplane　　　　　☐ Glider
☐ Powered Lift　　　　☐ Sport

**Type Ratings**

**Student Endorsements** *(Include dates)*

| Flight Time *(Enter appropriate number of hours in each box)* | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument Actual | Instrument Simulated | Rotorcraft | Glider | Lighter Than Air |
|---|---|---|---|---|---|---|---|---|---|---|
| Total Time | | | | | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | ▮▮▮▮ | ▮▮▮▮ | ▮▮▮▮ | | ▮▮▮ | | | ▮▮▮ | | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days | | | | | | | | | | |
| Last 24 Hours | | | | | | | | | | |

Hours Flown 2 EFI/CFI 5 forwarded to NTSB Agent McCarter

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

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

**"Flight Crewmember 2" was pilot flying**   ☐ Yes   ☐ No

**"Flight Crewmember 2" Identification**

First Name: _____   City of Residence: _____

Middle Initial: _____   State: _____ ZIP: _____

Last Name: _____   Country: _____

Age at time of Accident/Incident: _____   Date of Birth: _____ *mm/dd/yyyy*

Certificate Number: _____

| **Degree of Injury** | **Seat Occupied** | | **Restraint Type** | | **Inflatable Restraints** |
|---|---|---|---|---|---|

**Degree of Injury**
O None   O Fatal
O Minor   O Unknown
O Serious

**Seat Occupied**
O Left   O Front   O Unknown
O Right   O Rear
O Center   O Single

**Restraint Type**

Available
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 Unknown

**Inflatable Restraints**
☐ Not Installed
☐ Installed
☐ Not Deployed
☐ Deployed
☐ Unknown

**Pilot Certificate(s)** *(Check all that apply)*

☐ None   ☐ Flight Instructor   ☐ Commercial   ☐ US Military
☐ Private   ☐ Recreational   ☐ Airline Transport   ☐ Foreign
☐ Student   ☐ Sport   ☐ Flight Engineer

**Principal Occupation**
O Pilot
O Other
O Unknown

**Medical Certificate**
O None   O Class 3
O Class 1   O Driver's License (Sport Pilot only)
O Class 2   O Unknown

**Medical Certificate Validity**
O Without limitations/waivers   O Unknown
O With limitations/waivers   O N/A
O Special Issuance

**Date of Last Medical**
_____
*mm/dd/yyyy*

**Medical Certificate Limitations**

**Medical Certificate Special Issuance**

**Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:** _____
*mm/dd/yyyy*

**Flight Review Aircraft**
Make: _____
Model: _____

**Airplane Rating(s)**
*(Check all that apply)*
☐ None
☐ Single-Engine Land
☐ Single-Engine Sea
☐ Multiengine Land
☐ Multiengine Sea

**Other Aircraft Rating(s)**
*(Check all that apply)*
☐ None
☐ Airship
☐ Balloon
☐ Glider
☐ Gyroplane
☐ Helicopter
☐ Powered Lift

**Instrument Rating(s)**
*(Check all that apply)*
☐ None
☐ Airplane
☐ Helicopter
☐ Powered Lift

**Instructor Rating(s)**
*(Check all that apply)*
☐ None   ☐ Instrument Airplane
☐ Airplane Single-Engine   ☐ Instrument Helicopter
☐ Airplane Multi-Engine   ☐ Helicopter
☐ Gyroplane   ☐ Glider
☐ Powered Lift   ☐ Sport

**Type Ratings**

**Student Endorsements** *(Include dates)*

| **Flight Time** *(Enter appropriate number of hours in each box)* | All Aircraft | This Make & Model | Airplane Single Engine | Airplane Multiengine | Night | Instrument | | Rotorcraft | Glider | Lighter Than Air |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Actual | Simulated | | | |
| Total Time | | | | | | | | | | |
| Pilot in Command (PIC) | | | | | | | | | | |
| Time as Instructor | | | | | | | | | | |
| This Make/Model | ■ | ■ | ■ | ■ | | | | ■ | ■ | |
| Last 90 Days | | | | | | | | | | |
| Last 30 Days | | | | | | | | | | |
| Last 24 Hours | | | | | | | | | | |

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**Crew Name and Address** | **Seat Occupied** | **Injury**

First Name: _____  City of Residence: _____
Middle Initial: _____  State: _____  ZIP: _____
Last Name: _____  Country: _____

Seat Occupied:
- O Left   O Front
- O Center   O Rear
- O Right   O Single
- O Unknown

Injury:
- O None
- O Minor
- O Serious
- O Fatal
- O Unknown

**Pilot Certificate(s)** *(Check all that apply)*

- ☐ None
- ☐ Private
- ☐ Student
- ☐ Flight Instructor
- ☐ Recreational
- ☐ Sport
- ☐ Commercial
- ☐ Airline Transport
- ☐ Flight Engineer
- ☐ US Military
- ☐ Foreign

**Restraint Type:**

| Available | Used |
|---|---|
| O None | O None |
| O Lap Only | O Lap Only |
| O 3-point | O 3-point |
| O 4-point | O 4-point |
| O 5-point | O 5-point |
| O Unknown | O Unknown |

**Inflatable Restraints**
- ☐ Not Installed
- ☐ Installed
- ☐ Not Deployed
- ☐ Deployed
- ☐ Unknown

**Type Rating/Endorsement for Accident/Incident Aircraft?**  ☐ Yes  ☐ No

**Total Flight Time at the Time of this Accident/Incident:** _____ hrs

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**Crew Name and Address** | **Seat Occupied** | **Injury**

First Name: _____  City of Residence: _____
Middle Initial: _____  State: _____  ZIP: _____
Last Name: _____  Country: _____

Seat Occupied:
- O Left   O Front
- O Center   O Rear
- O Right   O Single
- O Unknown

Injury:
- O None
- O Minor
- O Serious
- O Fatal
- O Unknown

**Pilot Certificate(s)** *(Check all that apply)*

- ☐ None
- ☐ Private
- ☐ Student
- ☐ Flight Instructor
- ☐ Recreational
- ☐ Sport
- ☐ Commercial
- ☐ Airline Transport
- ☐ Flight Engineer
- ☐ US Military
- ☐ Foreign

**Restraint Type:**

| Available | Used |
|---|---|
| O None | O None |
| O Lap Only | O Lap Only |
| O 3-point | O 3-point |
| O 4-point | O 4-point |
| O 5-point | O 5-point |
| O Unknown | O Unknown |

**Inflatable Restraints**
- ☐ Not Installed
- ☐ Installed
- ☐ Not Deployed
- ☐ Deployed
- ☐ Unknown

**Type Rating/Endorsement for Accident/Incident Aircraft?**  ☐ Yes  ☐ No

**Total Flight Time at the Time of this Accident/Incident:** _____ hrs

| Name and Address | Seat | Injury | Restraint Type | Inflatable Restraints | Age |
|---|---|---|---|---|---|
| First Name: _____ City: _____ Middle Initial: _____ State: ___ ZIP: ___ Last Name: _____ Country: _____  O Crew  O Passenger  O Other | O Left O Center O Right O Unknown Row: ___ | O None O Minor O Serious O Fatal O Unknown | Available: 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 Unknown | ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown | ☐ Under 5 years  *If Under 5,* O Child Restraint O Lap-Held O Unknown |
| First Name: _____ City: _____ Middle Initial: _____ State: ___ ZIP: ___ Last Name: _____ Country: _____  O Crew  O Passenger  O Other | O Left O Center O Right O Unknown Row: ___ | O None O Minor O Serious O Fatal O Unknown | Available: 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 Unknown | ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown | ☐ Under 5 years  *If Under 5,* O Child Restraint O Lap-Held O Unknown |
| First Name: _____ City: _____ Middle Initial: _____ State: ___ ZIP: ___ Last Name: _____ Country: _____  O Crew  O Passenger  O Other | O Left O Center O Right O Unknown Row: ___ | O None O Minor O Serious O Fatal O Unknown | Available: 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 Unknown | ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown | ☐ Under 5 years  *If Under 5,* O Child Restraint O Lap-Held O Unknown |
| First Name: _____ City: _____ Middle Initial: _____ State: ___ ZIP: ___ Last Name: _____ Country: _____  O Crew  O Passenger  O Other | O Left O Center O Right O Unknown Row: ___ | O None O Minor O Serious O Fatal O Unknown | Available: 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 Unknown | ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown | ☐ Under 5 years  *If Under 5,* O Child Restraint O Lap-Held O Unknown |

## FLIGHT ITINERARY INFORMATION

**Last Departure Point**

Airport ID: _____

City: _____

State: _____

Country: _____

**Time of Departure**

Time: _____

Time Zone: _____

**Destination**

Airport ID: _____

City: _____

State: _____

Country: _____

**Type Flight Plan Filed**

- ○ None
- ○ Company VFR
- ○ Military VFR
- ○ VFR
- ○ VFR/IFR
- ○ IFR
- ○ Unknown

**Activated?** ○Yes ○No ○Unknown

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**Type of ATC Clearance/Service** *(Check all that apply)*

- ☐ None
- ☐ VFR
- ☐ Special VFR
- ☐ IFR
- ☐ Special IFR
- ☐ VFR On Top
- ☐ VFR Flight Following
- ☐ Traffic Advisory
- ☐ Cruise
- ☐ Unknown / NA

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**Airspace where the accident/incident occurred** *(Check all that apply)*

- ☐ Class A
- ☐ Class B
- ☐ Class C
- ☐ Class D
- ☐ Class E
- ☐ Class G
- ☐ Demo Area
- ☐ Warning Area
- ☐ Prohibited Area
- ☐ Restricted Area
- ☐ Military Operations Area (MOA)
- ☐ Airport Advisory Area
- ☐ Jet Training Area
- ☐ TRSA
- ☐ FAR 93
- ☐ Special
- ☐ Air Traffic Control Area
- ☐ Unknown

**Altitude of In-Flight Occurrence:**

_____ ft msl

## WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE

**Source of Pilot Weather Information**
*(Check all that apply)*

- ☐ National Weather Service
- ☐ Flight Service Station
- ☐ TV/Radio
- ☐ Automated Report
- ☐ Commercial Weather Service (DUATS)
- ☐ On-Board Weather
- ☐ Company
- ☐ Military
- ☐ Internet
- ☐ None
- ☐ Unknown

**Weather Observation Facility**

Facility ID: _____

Observation Time: _____

Time Zone: _____

Distance from Accident Site: _____ nm

Direction from Accident Site: _____ degrees true

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**Basic Conditions**

- ○ VMC
- ○ IMC
- ○ Unknown

**Light Condition**

- ○ Dawn
- ○ Day
- ○ Dusk
- ○ Night
- ○ Dark Night
- ○ Bright Night
- ○ Unknown

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**Sky/Lowest Cloud Condition**

- ○ Clear
- ○ Few
- ○ Partial Obscuration
- ○ Scattered
- ○ Thin Broken
- ○ Thin Overcast
- ○ Unknown

**Lowest Cloud Condition Height**

_____ ft agl

**Ceiling**

- ○ None (Clear)
- ○ Broken
- ○ Overcast
- ○ Obscured
- ○ Indefinite
- ○ Unknown

**Ceiling Height**

_____ ft agl

**Temperature:** _____ (C) or _____ (F)

**Dew Point:** _____ (C) or _____ (F)

**Altimeter Setting:** _____ in. Hg

or _____ MB

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**Wind Direction**

☐ Variable

-or-

Direction: _____ degrees true

**Wind Speed**

- ☐ Calm
- ☐ Light and Variable

-or-

Speed: _____ kts

**Wind Gusts**

☐ Not Gusting

-or-

Speed: _____ kts

**Visibility** _____ miles

RVR: _____ feet

RVV: _____ miles

**Density Altitude:** _____ ft

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**Intensity of Precipitation**

- ○ Light
- ○ Moderate
- ○ Heavy
- ○ N/A
- ○ Unknown

**Type of Precipitation** *(Check all that apply)*

- ☐ None
- ☐ Rain
- ☐ Snow
- ☐ Hail
- ☐ Rain Showers
- ☐ Drizzle
- ☐ Ice Pellets
- ☐ Snow Pellets
- ☐ Snow Grains
- ☐ Ice Crystals
- ☐ Freezing Rain
- ☐ Snow Shower
- ☐ Ice Pellets Shower
- ☐ Freezing Drizzle

**Restriction to Visibility** *(Check all that apply)*

- ☐ None
- ☐ Blowing Dust
- ☐ Blowing Sand
- ☐ Blowing Snow
- ☐ Blowing Spray
- ☐ Dust
- ☐ Fog
- ☐ Ground Fog
- ☐ Haze
- ☐ Ice Fog
- ☐ Smoke
- ☐ Unknown

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**Icing Forecast**

| Amount | Type |
|---|---|
| ○ None | ○ N/A |
| ○ Trace | ○ Rime |
| ○ Light | ○ Clear |
| ○ Moderate | ○ Mixed |
| ○ Severe | ○ Unknown |
| ○ Unknown | |

**Icing Actual**

| Amount | Type |
|---|---|
| ○ None | ○ N/A |
| ○ Trace | ○ Rime |
| ○ Light | ○ Clear |
| ○ Moderate | ○ Mixed |
| ○ Severe | ○ Unknown |
| ○ Unknown | |

**Turbulence**

| Type *(Check all that apply)* | Severity |
|---|---|
| ☐ None | ☐ Light |
| ☐ Clear Air | ☐ Moderate |
| ☐ Terrain-Induced | ☐ Severe |
| ☐ Convective Turbulence | ☐ Extreme |

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**NOTAMs (D and FDC), AIRMETs, SIGMETs, PIREPs in effect at the time of the accident/incident:**

## DAMAGE TO AIRCRAFT AND OTHER PROPERTY

**Aircraft Damage**

O None     O Substantial
O Minor     ☒ Destroyed
        O Unknown

**Aircraft Fire**

☒ None     O Both Ground and In-Flight
O In-Flight     O Fire at Unknown Time
O On-Ground     O Unknown

**Aircraft Explosion**

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

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

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

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

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

Operator/Owner Safety Recommendation

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

| | |
|---|---|
| **Was there Mechanical Malfunction/Failure?** ☐ Yes ☐ No<br>*(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)* | **Total Time/Cycles On Part**<br><br>_____ Hours<br><br>_____ Cycles<br><br>**Time Since This Part Inspected/Overhauled**<br><br>_____ Hours |

## FUEL & SERVICES INFORMATION

| **Fuel on Board at Last Takeoff**<br>*(Convert from pounds, as necessary)*<br><br>_____ Gallons | **Fuel Type**<br>○ 80/87  ○ 115/145  ○ Jet B  ○ Other, specify _____<br>○ 100 Low Lead  ○ Jet A  ○ JP8<br>○ 100/130  ○ Jet A-1  ○ Automotive |
|---|---|

**Other Services, if Any, Prior to Departure**

## EVACUATION OF AIRCRAFT

**Was an emergency evacuation of the aircraft performed?**   ☐ Yes   ☐ No

**Method of Exit** – Describe how the occupants exited and how many occupants evacuated each location

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

| **Aircraft Registration Number**<br><br>_____ | **Manufacturer:** _____<br>**Model:** _____ | **Damage to Other Aircraft**<br>☐ Destroyed   ☐ Minor<br>☐ Substantial   ☐ None |
|---|---|---|

| **Registered Owner of Other Aircraft** | **Pilot of Other Aircraft** |
|---|---|
| Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ | Name: _____<br>City: _____<br>State: _____ ZIP: _____<br>Country: _____ |

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

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

| Date of this Report | Name of Pilot/Operator: _____ |
|---|---|
| **10/05/15** <br> *mm/dd/yyyy* | Signature: _____ <br> — *or* — ☐ Check here to electronically sign this document |

If a Person Other than Pilot/Operator is Filing Report

Name: DAVID Sowards        Title: ~~~~

Signatur ██████████████████        Sowards Aircraft Leasing, LLC

— *or* — ☐ Check here to electronically sign this document        Member

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