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

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

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Accide	nt/Incident Loc	ation					Αc	cident/Incid	lent Date/	Гime			
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ZIP:	(	Country:						mm/de	$t_{000y}$	Тi			
Latitude	:		Longitude:			-				*1	me zone		
	(Enter in decimo	al degrees or o	degrees;minutes;se	conds)			Сө	llision with	Other Air	eraft: C	) Midair	OOn-groun	id ONone
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Registration Number: <u>N3127R</u> Manufacturer:							☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft						
Model:							<u> </u>	******		<b>+•</b>		lbe	···
	Number:						Maximum Gross Weight:lbs Weight at Time of Accident/Incident:lbs						
	f Manufacture:							umber of Se					
			OKit/Plans Ma	ke:				bin Crew Seat					
	ONo		Original Design					ımber of Er			, mosenter		
Category of Aircraft OAirplane OBalloon OBlimp/Dirigible OGlider OGyroplane OHelicopter OPowered Lift ORocket OUltralight OUnknown  Type of Airworthiness C (Check all that apply) Standard Special Normal Normal Description Standard Special Ocheck all thorapply) Special Ocheck all thorapply) Standard Special Ocheck all thorapply) Standard Special Ocheck all thorapply) Ocheck all thorapply Ocheck all thora				icted ed Sional al Flight irmental al Light-Sport control cont			ar at op Retr in	oply)  actable  Tractable  Out SI  SI  Kecovery Sys	nilwheel igh Skid sid si si/Wheel	O Electric  Fuel System Type (Reciprocating)  OCarburetor O Fuel-Injector		Rocket id Rocket sown	
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Engine	Engine Manufacturer's  Engine Manufacturer  Model/Series  Manufacturer's  Serial Number					of Mfg. mm/dd/yyyy	O Horsep O lbs of		Time (bours)	Inspection (hours)	(hours)		
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O Annu	al <b>O</b> Unkī	iown		Model;					Mode				
Date Last Inspection:				ELT Ins	stalled:	OYes O	No		Additio	nal Equ	ipment (	Check all that	apply)
Airfran	ne Total Time:		hrs	If Yes;			□ADS-B □Airframe Parachute				****		
	s measured at (S	-				er:		<u>_</u>			cnute :k Indicato	r	
OLast Inspection OTime of Accident/Incident  TSO No.: OC9					.: 121.5 MHz) C	C91	la (121.5 MH)	Aut					
Type of Maintenance Program (Select one) OC126 (406 MH								a Recordei tronic Flig		Handheld De	více		
O Annual O Conditional (Amateur-built only) Was ELT still mo							F77 171 a.a.		ltifunction nary Fligh				
O Manu	facturer's Inspecti	on Program				nected to anten ? OYes ON		OYes ONo		dheld GPS		t Display	
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	tion of Fire Ex	tinguishing	System	If not ac						Warning	-		
O None O Spec				Indicate l	Reason:	☐ Impact Dan ☐ Fire Damag		2		eo Record er, Specify	ing Device		
O apec						Battery Exp		l/Damaged		, , ,			

OWNER/OPERATOR INFORM	ATION	And the state of t					
Registered Aircraft Owner			City:				
Name: PPG Properties, LLC		State:	ZIP:				
Fractional Ownership Aircraft: O Yes O	) No						
Operator of Aircraft	egistered Owner		Country:				
1 x 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Doing Business As: Integrity Home Care			City: Springfield				
Air Carrier/Operator Designator (4 Charact		State: MO					
The Carrent Operator Designator (4 Charact			Country:				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducte	d Under	Revenue Operation for FA (Select one for each group)	AR 121, 125, 129, 135			
☑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)	OFAR 103 OFAR 133 O OFAR 121 OFAR 135 O	FAR 415 FAR 431 FAR 435 FAR 437	O Scheduled or Commuter O Non-Scheduled or Air Taxi O Passenger O Cargo O Mail Contract Only	O Domestic O International			
□On-Demand Air Taxi (FAR 135) □Commercial Air Tour (FAR 136) □Agricultural Aireraft (FAR 137) □Pilot School (FAR 141)	OPublic Aircraft (Select one)		Purpose of Flight for FAR (Select one)	91, 103, 133, 137			
☐ Certificate of Authorization or Waiver (COA) ☐ Commercial Space Transportation Experimental Permit ☐ Commercial Space Transportation License ☐ Other Operator of Large Aircraft	O Armed Forces O Federal O State O Local O Unknown		O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Executive/Corporate	Firefighting O Unknown Flight Test Glider Tow Instructional Other Work Use Personal Positioning			
Revenue Sightseeing Flight	Air Medical Flight		O External Load O:	Skydiving			
O Yes O No	O Yes ⊙ No						
AIRPORT INFORMATION (FIII in	If accident/incident occurred or	approac	is anding takeoff departure	or within 3 miles of an airport			
Airport Name:							
Airport Identifier:		1	stance From Airport Center:	sm degrees true			
Proximity to Airport: O Off Airport/Airstrip			port Elevation:				
Runway Information	10000	Con	dition of Runway/Landing S	urface (Check all that apply)			
Runway ID:(L/R/C) Length:	<i>pply)</i> dam □ Water /Wood			npacted			
Approach/Departure Segment (Select one)	****		***************************************				
OTaxi OVFR Departure OTakeoff OIFR Departure Proce OInitial Climb	dure/Clearance OLanding	Approach	OBase OGo OFinal OAI	ow Approach o Around borted Landing (after touchdown) nknown			
IFR Approach (Check all that apply)  □None	**************************************	VFF	Approach (Check all that appone	oly)			
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown		raffic Pattern raight-In alley/Terrain Following o Around ull Stop	☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown			

"FLIGHT CREWMEN	MBER 1" INFOR	<u>IOITAM.</u>	A deposit and a second				**************************************			
"Flight Crewmember 1" R  ⊙ Pilot O Co-Pilot		Time of A		nt eck Pilot	O Flig	ght Engineer	O Other	Flight Crew		7
"Flight Crewmember 1" w		-			_	₽. <del>-</del>				
"Flight Crewmember 1" Id	dentification					***************************************	· · · · · ·			
First Name: William				_	City of R	lesidence: _				
Middle Initial:	-									
Last Name: Perkin										-
Age at time (	of Accident/Incident: _				Country.		nm/dd/wyy			_
			tificate Number:							
Degree of Injury	Seat Occupied		meate rame.		straint T	`*tDo			Y Makabla	T3 1. 1. 1. 1.
O None O Fatal	O Left C	) Front	O Unknown	17.0		• •	TT .1		Inflatable !	Restraints
O Minor O Unknown O Serious O Center O Single O None O Cap only O Lap only										
Pilot Certificate(s) (Check a	all that apply)		<del></del>	$\neg$	O 3-poi	int	O 3-point		☐ Not De	eployed
	t Instructor		US Military	,	O 4-poi O 5-poi		O 4-point O 5-point		☐ Deploy ☐ Unkno	
☐ Private ☐ Recrei		ne Transport t Engineer	. Foreign		O Unkr		O Dukno.		Поши	Wii
Principal Occupation	Medical Certificate			- I	edical Ce	rtificate V:	 alidity	<u> </u>	Date of La	st Medical
O Pilot	O None O Clas	ss 3		- 1		mitations/wa	-	Jnknown		
O Other	O Class 1 O Driv	ver's License	e (Sport Pilot only)	)   Ō'	With limita	ations/waive				<del></del>
O Unknown  Medical Certificate Limita	O Class 2 O Unk	nown			Special Iss	uance			mm/dd/y	99 <i>9</i> /
Medical Certificate Special	I Issuance						***			
	And the state of the									
Date of Lost Elight Deview	**************************************	Tritale ID				*				
Date of Last Flight Review or Equivalent, Including	ı	-	leview Aireraft							
FAR 121/135 Checks:		£ .				<del></del>		77.000		<del></del>
_ :	mm/dd/yyyy	Model: _				· · · · · · · · · · · · · · · · · · ·	********			
Airplane Rating(s) (Check all that apply)	Other Aircraft Rat (Check all that apply)		Instrument R		i)		r Rating(s)			
□ None	□ None		(Check all that	арріуу		(Check all	that apply)	r	T tuetenment	A imul-ma
Single-Engine Land	☐ Airship		☐ Airplane				e Single-Eng		Instrument Instrument	
☐ Single-Engine Sea ☐ Multiengine Land	☐ Balloon		☐ Helicopter	_		☐ Airplan	e Multi-Engi	ne 🗀	] Helicopter	
☐ Multiengine Land ☐ Multiengine Sea	☐ Glider ☐ Gyroplane		☐ Powered Lif	it		☐ Gyropla☐ Powere			] Glider ] Sport	
-	☐ Helicopter						u Liii		7 phore	
Type Ratings	☐ Powered Lift		<u></u>			Student I	Endorsemei	-to Analyda	T_2_1	
Type Mannga						Stauent e	Lnuorsemei	nts (incinae	dates)	
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Flight Time (Enter appropriate number of hours in each box)	1211	Make		irplane ltiengine	Night	Insti	rument Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time					<u> </u>				<del> </del>	<b>1</b>
Pilot in Command (PIC)										
Time as Instructor								1		
This Make/Model										
Last 90 Days			esu.							
Last 30 Days										
Last 24 Hours		1					1			

"FLIGHT CREWME						7			ALL I THE RESERVE AND THE PROPERTY OF THE PROP	
"Flight Crewmember 2" I OPilot OCo-Pilot	Responsibilities at the O Student Pilot (		Accident/Incident	_	light Engineer	OOther	Flight Crew	<u> Alexander anno</u>	This server was a server with the server was a server was	
"Flight Crewmember 2" v	was pilot flying 🔲 Y	Yes □No	lo							
"Flight Crewmember 2" I	dentification				-					
First Name:				City of F	Residence:					
3.41.11. 7.3.3										
State:   ZIP:										
	of Accident/Incident:			Country.	:	/Adhnan		***************************************		
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Degree of Injury	Seat Occupied		Heate Ivanies.	Restraint	Type			Inflatable l	ntinte	
O None O Fatal O Minor O Unknown O Serious	O None O Fatal O Left O Front O Unknown O Minor O Unknown O Rear				i <b>ble</b> one	Used O None		□ Not Ins	stalled	
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I _	eational	mercial ne Transport nt Engineer	☐ US Military ☐ Foreign	O 4-point O 4-point O 5-point O 5-point		O 4-point O 5-point O Unkno	t t	☐ Deploy	/ed	
Principal Occupation	Medical Certificate		***************************************	Medical C	Certificate Va	alidity		Date of La	st Medical	
O Pilat O Other		ver's License	c (Sport Pilot only)	O Without O With Iim	limitations/wa nitations/waive	ivers OL	Jnknown			
O Unknown  Medical Certificate Limita	O Class 2 O Unk	mown		O Special I	ssuance			mm/dd/y	עכנו	
Medical Certificate Special Issuance										
Date of Last Flight Review or Equivalent, Including FAR 121/135 Cheeks:	, , , , , , , , , , , , , , , , , , ,	_	leview Aircraft					100	10. Ont & 1	
FAR 121/155 CHUCKS	mm/dd/yyyy	Model:					ms.	181	<del></del>	
Airplane Rating(s)	Other Aircraft Rat		Instrument Rat	tina(e)	Instructor	Rating(s)				
(Check all that apply)	(Check all that apply)		(Check all that ap	0.,	(Check all to					
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☐ Single-Engine Land ☐ Airship ☐ Airplane ☐ Airplane Single-Er ☐ Helicopter ☐ Airplane Multiengine Sea ☐ Gyroplane ☐ Helicopter ☐ Helicopter ☐ Powered Lift					: Multi-Engine ne	ne 🔲	Instrument H Helicopter Glider Sport	lelicopter		
Type Ratings				***	Student E	ndorsemen	ts (Include di	ates)	· · · · · · · · · · · · · · · · · · ·	
Flight Time (Enter appropria number of hours in each box)		s Make	Airplane Single Airpl Engine Multie			rument Simulated	Rotorcraft	Glider	Lighter Than Air	
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										
Last 90 Days	<u> </u>								<b></b>	
Last 30 Days Last 24 Hours							<del> </del>	<u> </u>	<u> </u>	
Last 24 Pionis		1	1	1		1	1	1	i	

ADDITIONAL FLI									3444.055		
Crew Name and Add							Seat Occupi	ed	Injury		
First Name:							O Left O Center	O Front O Rear	O None O Minor		
1	Middle Initial: State: ZIP:							O Single	O Serious		
Last Name:	***************************************	O Right	OUnknown	O Fatal O Unknown							
Pilot Certificate(s) (C				Newmin			Restraint Ty		Inflatable		
□ None	Flight Instructo		nmercial		S Military		Available O None	Used O None	Restraints		
☐ Private ☐ Recreational ☐ Airline Transport ☐ Foreign ☐ Student ☐ Sport ☐ Flight Engineer							O Lap Only O 3-point	O Lap Only	☐ Not Installed ☐ Installed		
								O 3-point O 4-point	☐ Not Deployed		
Type Rating/Endorse Accident/Incident Air		<b>-</b>		Flight Time a		•	O 5-point O Unknown	O 5-point O Unknown	<ul><li>□ Deployed</li><li>□ Unknown</li></ul>		
Accident/inchicht An	reraft?	s 🛮 No	of this	Accident/1nc	eident:	hrs					
Crew Name and Addi	ress						Seat Occupie	ed	Injury		
First Name:		City	of Reside	ence:			OLeft	ONone			
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Last Name:	Last Name: Country;							ORight OSingle OUnknown			
Pilot Certificate(s) (Ca	heck all that apply)	*****					Restraint Ty	• .	O Unknown Inflatable		
□ None	☐ Flight Instructor		mercial		Military		Available O None	Used O None	Restraints		
☐ Private ☐ Student	☐ Recreational ☐ Sport		ine Transp ht Engine		reign		O Lap Only	O Lap Only	☐ Not Installed		
	-						O 3-point O 4-point	O 3-point O 4-point	<ul><li>☐ Installed</li><li>☐ Not Deployed</li></ul>		
Type Rating/Endorser		<b>I</b>		light Time a			O 5-point O Unknown	O 5-point	☐ Deployed ☐ Unknown		
		Accident/Incident Aircraft?									
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Name and Address	11 The fact of the		nclude (	Scat	Injury	Restraint T	урс	Inflatable Restraints	Age		
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Name and Address  First Name: Gregory  Middle Initial:	City : State:	ZIP:		Scat OLeft OCenter	Injury ONone OMinor	Restraint To	ype Used O None O Lap Only	Restraints  Not Installed Installed	☐ Under 5 years		
Name and Address  First Name: Gregory	City : State:	ZIP:		Seat OLeft OCenter ORight	ONone O Minor O Serious	Restraint T	Used O None O Lap Only O 3-point	Restraints  Not Installed Installed Not Deployed	☐ Under 5 years  If Under 5,		
Name and Address  First Name: Gregory  Middle Initial:	City : State:	ZIP:		Scat OLeft OCenter	Injury ONone OMinor	Restraint To	ype Used O None O Lap Only	Restraints  Not Installed Installed	☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held		
Name and Address  First Name: Gregory  Middle Initial: Last Name: Horton  OCrew	City : State: Country: Passenger	ZIP:		OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Restraint Ty Available ONone OLap Only ③3-point O4-point O5-point OUnknown Available	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints  Not Installed Installed Not Deployed Deployed	☐ Under 5 years  If Under 5,  O Child Restrain		
Name and Address  First Name: Gregory  Middle Initial:  Last Name: Horton  OCrew  First Name: Arny	City: State: Country:  Passenger  City:	ZIP:O Othe	er	OLeft OCenter ORight OUnknown Row: 1	ONone OMinor OSectious OFatal OUnknown ONone	Restraint Ty Available ONone OLap Only ③3-point O4-point O5-point OUnknown Available ONone	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Restraints  Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held		
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Name and Address  First Name: Gregory  Middle Initial: Last Name: Horton  OCrew  First Name: Arny  Middle Initial: Last Name: Ford	City: State: Country: Passenger  City: State: Country:	ZIP:	ler	Seat  OLeft OCenter ORight OUnknown Row: 1  OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint Ty Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point	Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point	Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Not Deployed Deployed Deployed	☐ Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown ☐ Under 5 years  If Under 5, O Child Restrains		
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Name and Address  First Name: Gregory Middle Initial: Last Name: Horton OCrew  First Name: Arny Middle Initial: Last Name: Ford OCrew  First Name: Otto	City: State: Country: Passenger  City: State: Country: Passenger  City:	ZIP:O Otho	er	Seat  OLeft OCenter ORight OUnknown Row: 1  OLeft OCenter ORight OUnknown Row: 2	ONone OMinor OScrious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONone OLap Only @3-point O4-point O5-point OUnknown Available ONone OLap Only @3-point O4-point O4-point O5-point	Used O None O Lap Only O 3-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held O Unknown		
Name and Address  First Name: Gregory Middle Initial: Last Name: Horton  OCrew  First Name: Arny Middle Initial: Last Name: Ford  OCrew	City: State: Country: Passenger  City: State: Country: Passenger  City:	ZIP:Otho	er er	Seat  OLeft OCenter  ORight OUnknown Row: 1  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter	ONone OMinor OSerious OFatal OUnknown ONone Minor OSerious OFatal OUnknown ONone OMinor	Restraint Ty Available ONone OLap Only @3-point O4-point O5-point OUnknown  Available ONone OLap Only @3-point O4-point O5-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 Unknown Used O None O Lap Only O 1-point O Unknown	Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Installed Installed	Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown		
Name and Address  First Name: Gregory Middle Initial: Last Name: Horton OCrew  First Name: Arny Middle Initial: Last Name: Ford OCrew  First Name: Otto	City: State: Country:  Passenger  City: State: Country:  OPassenger  City: State: State: State: State:	ZIP:O Otho	er	Seat  OLeft OCenter ORight OUnknown Row: 1  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone Minor OSerious OFatal OUnknown OSerious OFatal OUnknown	Restraint Ty Available ONone OLap Only @3-point O4-point O5-point OUnknown  Available ONone OLap Only @3-point O4-point O5-point O4-point O5-point OUnknown  Available ONone	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 Unknown Used O None O Lap Only O 1-point O Unknown	Restraints  Not Installed Installed Deployed Unknown  Not Deployed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Installed Installed Installed Installed Installed	☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held O Unknown  ☐ Under 5 years  If Under 5 years		
Name and Address  First Name: Gregory Middle Initial: Last Name: Horton OCrew  First Name: Arny Middle Initial: Last Name: Ford OCrew  First Name: Otto Middle Initial: Paul	City: State: Country:  Passenger  City: State: Country:  OPassenger  City: State: State: State: State:	ZIP:O Otho	er	Seat  OLeft OCenter  ORight OUnknown Row: 1  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter	ONone OMinor OSerious OFatal OUnknown ONone Minor OSerious OFatal OUnknown ONone OMinor	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 OUnknown	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 Unknown Used O None O Lap Only O 3-point O Unknown	Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Installed Installed	☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held O Unknown  ☐ Under 5 years		
Name and Address  First Name: Gregory Middle Initial: Last Name: Horton OCrew  First Name: Army Middle Initial: Last Name: Ford OCrew  First Name: Otto Middle Initial: Paul Last Name: Reinert	City: State: Country:  Passenger  City: State: Country:  Passenger  City: State: Country:  Passenger	ZIP:O Other	er	Seat  OLeft OCenter ORight OUnknown Row: 1  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight OCenter ORight OUnknown Row: 3	ONone OMinor OSerious OFatal OUnknown ONone Minor OSerious OFatal OUnknown ONone Minor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONone OLap Only @3-point O4-point O5-point OUnknown  Available ONone OLap Only @3-point O4-point O5-point OUnknown  Available ONone OLap Only @3-point OUnknown  Available ONone OLap Only @3-point OUnknown  Available ONone OLap Only @3-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point OVINknown  Available	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 Unknown Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point O Unknown Used	Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Installed Deployed Unknown  Not Installed	☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held O Unknown  ☐ Under 5 years  If Under 5,  O Child Restrain O Lap-Held O Unknown  ☐ Under 5 years  If Under 5 years  If Under 5 years		
Name and Address  First Name: Gregory Middle Initial: Last Name: Horton OCrew  First Name: Arny Middle Initial: Last Name: Ford OCrew  First Name: Otto Middle Initial: Paul Last Name: Reinert OCrew	City: State: Country: Passenger  City: State: Country: Passenger  City: State: Country: OPassenger  Oty: State: Country: Country: OPassenger	ZIP:O Other	er	Seat  OLeft OCenter ORight OUnknown Row: 1  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone Minor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OThere ONone OMinor OSerious OFatal OThere	Restraint Ty Available ONone OLap Only Ø3-point O4-point O5-point OUnknown  Available ONone OLap Only Ø3-point O4-point O5-point OUnknown  Available ONone OLap Only Ø3-point OUnknown  Available ONone OLap Only Ø3-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 Unknown 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 4-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints  Not Installed Installed Deployed Unknown  Not Deployed Unknown  Not Deployed Installed Not Deployed Unknown  Not Installed Installed Installed Deployed Unknown	☐ Under 5 years  If Under 5,  ○ Child Restrain  ○ Lap-Held  ○ Unknown  ☐ Under 5 years  If Under 5,  ○ Child Restrain  ○ Lap-Held  ○ Unknown  ☐ Under 5 years  If Under 5 years  If Under 5 years  If Under 5 years		
Name and Address  First Name: Gregory Middle Initial: Last Name: Horton OCrew  First Name: Arny Middle Initial: Last Name: Ford OCrew  First Name: Otto Middle Initial: Paul Last Name: Reinert OCrew  First Name: Trist Name: Reinert First Name: Crew	City: State: Country:  Passenger  City: State: Country: Passenger  City: State: Country:  OPassenger  City: State: Country:	ZIP:O Other	er	Seat  OLeft OCenter ORight OUnknown Row: 1  OLeft OCenter ORight OUnknown Row: 2  OLeft OCenter ORight OUnknown Row: 3  OLeft OCenter ORight OUnknown Row: 3	ONone OMinor OSerious OFatal OUnknown ONone Minor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint Ty Available ONone OLap Only Ø3-point O4-point O5-point OUnknown  Available ONone OLap Only Ø3-point O4-point O5-point OUnknown  Available ONone OLap Only Ø3-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown 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 Unknown Used O None O Lap Only O 3-point O Unknown	Restraints  Not Installed Installed Deployed Unknown  Not Deployed Unknown  Not Deployed Installed Not Deployed Unknown  Not Installed Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown	Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restrain O Lap-Held O Unknown		
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NOTAMs (D and FDC), A	AIRMETs, SIGM	ETs, PIREPS	in effect at t	the time of th	e accident/incid	ent:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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DAMAGE	TO AIRCRAFT A	ND OTHER PRO	PERTY		
Aircraft Dan		Aircraft Fire		Aircraft Explosion	
O None O Minor	O Substantial O Destroyed O Unknown	O None O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	O None O In-Flight O On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description				O on choung	O Curriowa
Description (	n Damage to Aireratt a	nd Other Property (	Use additional sheet if necessary)		
NARRATIV	E HISTORY OF FLI	GHT (Please type or	print in link)		
Describe wh	at occurred in chronolo	gical order, including	circumstances leading to and nat	ure of accident/incide	nt. Describe terrain and include
wreckage dis destination. F	tribution sketch if pertin Provide as much detail as	ent. Attach extra sheets nossible	s if needed. State departure time and	l and location, services	s obtained, and intended
	vo vido ao marin dotan' ao	possible.			
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MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)
Was there Mechanical Malfunction/Failure?
Hours   Cycles   Time Since This Part   Inspected/Overhauled   Hours   Hours
FUEL & SERVICES INFORMATION  Fuel on Board at Last Takeoff (Convert from pounds, as necessary)  Gallons  Gallons  Gallons  Cycles  Time Since This Part Inspected/Overhauled  Hours  O Jet B O Other, specify  O Jet B O Jet B O Other, specify O Jet A-1 O Automotive
FUEL & SERVICES INFORMATION  Fuel on Board at Last Takeoff (Convert from pounds, as necessary)  Gallons  Gallons  Gallons  Gallons  Gallons  Time Since This Part Inspected/Overhauled  ———————————————————————————————————
Inspected/Overhauled
Hours   FUEL & SERVICES INFORMATION   Fuel on Board at Last Takeoff (Convert from pounds, as necessary)
FUEL & SERVICES INFORMATION  Fuel on Board at Last Takeoff (Convert from pounds, as necessary)  Gallons  Gallons  Gallons  Gallons  Fuel Type  O 105/145 O Jet B O Other, specify O 100 Low Lead O Jet A O JP8 O 100/130 O Jet A-1 O Automotive
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Fuel on Board at Last Takeoff (Convert from pounds, as necessary)
(Convert from pounds, as necessary)  Gallons  O 80/87  O 105/145  O Jet B  O Other, specify  O 100 Low Lead O Jet A-1  O Automotive
Gallons O 100 Low Lead O Jet A O JP8 O 100/130 O Jet A-1 O Automotive
O 100/130 O 3et A-1 O Automotive
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EVACUATION OF AIRCRAFT
Was an emergency evacuation of the aircraft performed?
Method of Ext – Describe now the occupants extend and now many occupants evacuated each location
OTHER AIRGRAFT — COLLISION (If air or ground collision occurred, complete this section for other aircraft)
Aircraft Registration Number   Manufacturer:   Damage to Other Aircraft
Model: Destroyed Minor
Registered Owner of Other Aircraft  Pilot of Other Aircraft
Name: Name:
City:         City:           State:         ZIP:           State:         ZIP:

ADDITIONAL IN	FORMAT	TION (Please type or print in link)			
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NTSB Accident/Incid		Reviewed by NTSB Regional Office	Name of Investi	<i>ille</i> ator	Date Report Received
CEN15LA0	<u> 177 </u>	Central Region	Thomas	J Latson Jr	Date Report Received 12-18-2014