

**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**

<b>Accident/Incident Location</b> Nearest City/Place: <u>CHICAGO</u> State: <u>IL</u> ZIP: <u>60638</u> Country: <u>USA</u> Latitude: <u>41.79 DEG N</u> Longitude: <u>87.75 DEG W</u> <i>(Enter in decimal degrees or degrees:minutes:seconds)</i>		<b>Accident/Incident Date/Time</b> Date: <u>11/18/2014</u> Local Time: <u>0255</u> <i>mm/dd/yyyy</i> Time Zone: <u>CST</u>	
		<b>Collision with Other Aircraft:</b> <input type="radio"/> Midair <input type="radio"/> On-ground <input checked="" type="radio"/> None	

**AIRCRAFT INFORMATION**

Registration Number: <u>N30MB</u> Manufacturer: <u>GULFSTREAM</u> Model: <u>500B</u> Serial Number: <u>1453-160</u> Year of Manufacture: <u>1964</u> Amateur-Built: <input type="radio"/> Yes <i>If Yes:</i> <input type="radio"/> Kit/Plans <i>Make:</i> _____ <input checked="" type="radio"/> No <input type="radio"/> Original Design	<input checked="" type="checkbox"/> IFR-Equipped and Certified <input type="checkbox"/> Commercial Space Flight <input type="checkbox"/> Unmanned Aircraft Maximum Gross Weight: <u>6,750</u> lbs Weight at Time of Accident/Incident: <u>UNKNOWN</u> lbs Number of Seats: <u>2</u> Flight Crew Seats: <u>2</u> Cabin Crew Seats: <u>0</u> Passenger Seats: <u>0</u> Number of Engines: <u>2</u>
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<b>Category of Aircraft</b> <input checked="" type="radio"/> Airplane <input type="radio"/> Balloon <input type="radio"/> Blimp/Dirigible <input type="radio"/> Glider <input type="radio"/> Gyroplane <input type="radio"/> Helicopter <input type="radio"/> Powered Lift <input type="radio"/> Rocket <input type="radio"/> Ultralight <input type="radio"/> Unknown	<b>Type of Airworthiness Certificate</b> <i>(Check all that apply)</i> <table border="0"> <tr> <td><b>Standard</b></td> <td><b>Special</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> Normal</td> <td><input type="checkbox"/> Restricted</td> </tr> <tr> <td><input type="checkbox"/> Aerobatic</td> <td><input type="checkbox"/> Limited</td> </tr> <tr> <td><input type="checkbox"/> Balloon</td> <td><input type="checkbox"/> Provisional</td> </tr> <tr> <td><input type="checkbox"/> Commuter</td> <td><input type="checkbox"/> Special Flight</td> </tr> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> Experimental</td> </tr> <tr> <td><input checked="" type="checkbox"/> Utility</td> <td><input type="checkbox"/> Special Light-Sport</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Experimental Light-Sport</td> </tr> </table> <input type="checkbox"/> Certificate of Authorization or Waiver (COA) <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Standard</b>	<b>Special</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted	<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited	<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional	<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight	<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental	<input checked="" type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport		<input type="checkbox"/> Experimental Light-Sport	<b>Landing Gear</b> <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Retractable <input checked="" type="checkbox"/> Tricycle <input type="checkbox"/> Tailwheel <input type="checkbox"/> Amphibian <input type="checkbox"/> High Skid <input type="checkbox"/> Emergency Float <input type="checkbox"/> Skid <input type="checkbox"/> Float <input type="checkbox"/> Ski <input type="checkbox"/> Hull <input type="checkbox"/> Ski/Wheel <input type="checkbox"/> Other Launch/Recovery System <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Engine Type (Select one)</b> <input checked="" type="radio"/> Reciprocating <input type="radio"/> Liquid Rocket <input type="radio"/> Turbo Shaft <input type="radio"/> Solid Rocket <input type="radio"/> Turbo Prop <input type="radio"/> Hybrid Rocket <input type="radio"/> Turbo Jet <input type="radio"/> None <input type="radio"/> Turbo Fan <input type="radio"/> Unknown <input type="radio"/> Electric <b>Fuel System Type (Reciprocating)</b> <input type="radio"/> Carburetor <input checked="" type="radio"/> Fuel-Injected
<b>Standard</b>	<b>Special</b>																		
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restricted																		
<input type="checkbox"/> Aerobatic	<input type="checkbox"/> Limited																		
<input type="checkbox"/> Balloon	<input type="checkbox"/> Provisional																		
<input type="checkbox"/> Commuter	<input type="checkbox"/> Special Flight																		
<input type="checkbox"/> Transport	<input type="checkbox"/> Experimental																		
<input checked="" type="checkbox"/> Utility	<input type="checkbox"/> Special Light-Sport																		
	<input type="checkbox"/> Experimental Light-Sport																		

Engine	Engine Manufacturer	Engine Model/Series	Manufacturer's Serial Number	Date of Mfg. mm/dd/yyyy	Rated Power <input checked="" type="radio"/> Horsepower or <input type="radio"/> lbs of Thrust	Total Time (hours)	Time Since: Inspection (hours)	Overhaul (hours)
Eng. 1	LYCOMING	IO-540-E1A5	L-988-48		290	14134	55.7	113.3
Eng. 2	LYCOMING	IO-54--E1A5	L-14565-48		290	14618.7	55.7	1697.1
Eng. 3								
Eng. 4								

<b>Last Inspection Type</b> <input type="radio"/> 100-Hour <input type="radio"/> Continuous Airworthiness <input checked="" type="radio"/> AAIP <input type="radio"/> Conditional Inspection <input type="radio"/> Annual <input type="radio"/> Unknown Date Last Inspection: <u>10/23/2014</u> <i>mm/dd/yyyy</i> Airframe Total Time: <u>26280</u> hrs hours measured at <i>(Select one)</i> <input type="radio"/> Last Inspection <input checked="" type="radio"/> Time of Accident/Incident	<b>Propeller 1</b> <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>HARTZELL</u> Model: <u>HC-C3YR-2UF</u>	<b>Propeller 2</b> <input type="radio"/> Fixed Pitch <input checked="" type="radio"/> Controllable Pitch <input type="radio"/> Ground Adjustable Manufacturer: <u>HARTZELL</u> Model: <u>HC-C3YR-2UF</u>
<b>Type of Maintenance Program (Select one)</b> <input type="radio"/> Annual <input type="radio"/> Conditional (Amateur-built only) <input type="radio"/> Manufacturer's Inspection Program <input checked="" type="radio"/> Other Approved Inspection Program (AAIP) <input type="radio"/> Continuous Airworthiness <input type="radio"/> Other, specify: _____	<b>ELT Installed:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No If Yes: ELT Manufacturer: <u>NARCO</u> Model or Part No.: <u>ELT10</u> TSO No.: <input checked="" type="radio"/> C91 (121.5 MHz) <input type="radio"/> C91a (121.5 MHz) <input type="radio"/> C126 (406 MHz) Was ELT still mounted in aircraft? <input checked="" type="radio"/> Yes <input type="radio"/> No Was ELT still connected to antenna? <input checked="" type="radio"/> Yes <input type="radio"/> No Did ELT Activate? <input type="radio"/> Yes <input type="radio"/> No If activated: Did ELT Aid in Locating Aircraft: <input type="radio"/> Yes <input type="radio"/> No If not activated: Indicate Reason: <input type="checkbox"/> Impact Damage <input type="checkbox"/> Fire Damage <input type="checkbox"/> Battery Expired/Damaged <input type="checkbox"/> Unknown	<b>Additional Equipment (Check all that apply)</b> <input type="checkbox"/> ADS-B <input type="checkbox"/> Airframe Parachute <input type="checkbox"/> Angle of Attack Indicator <input type="checkbox"/> Autopilot <input type="checkbox"/> Data Recorder <input type="checkbox"/> Electronic Flight Bag or Handheld Device <input type="checkbox"/> Electronic Multifunction Display <input type="checkbox"/> Electronic Primary Flight Display <input checked="" type="checkbox"/> Handheld GPS <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Onboard Weather <input type="checkbox"/> Satellite Tracking Device <input checked="" type="checkbox"/> Stall Warning System <input type="checkbox"/> Video Recording Device <input type="checkbox"/> Other, Specify: _____
<b>Description of Fire Extinguishing System</b> <input checked="" type="radio"/> None <input type="radio"/> Specify: _____		

OWNER/OPERATOR INFORMATION			
<b>Registered Aircraft Owner</b>		City: <u>FAIRWAY</u>	
Name: <u>CENTRAL AIRLINES, INC.</u>		State: <u>KS</u>	ZIP: <u>66205</u>
Fractional Ownership Aircraft: <input type="radio"/> Yes <input checked="" type="radio"/> No		Country: <u>USA</u>	
<b>Operator of Aircraft</b> <input type="checkbox"/> Same As Registered Owner		<input type="checkbox"/> Same Address as Registered Owner	
Name: <u>CENTRAL AIR SOUTHWEST, INC</u>		City: <u>CUSHING</u>	
Doing Business As: _____		State: <u>OK</u>	ZIP: <u>74023</u>
Air Carrier/Operator Designator (4 Character Code): <u>ZJWA-475J</u>		Country: <u>USA</u>	
<b>Operating Certificates Held</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Flag Carrier Operating Certificate (FAR 121)</li> <li><input type="checkbox"/> Supplemental</li> <li><input type="checkbox"/> Air Cargo</li> <li><input type="checkbox"/> Foreign Air Carriers (FAR 129)</li> <li><input type="checkbox"/> Rotorcraft External Load (FAR 133)</li> <li><input type="checkbox"/> Commuter Air Carrier (FAR 135)</li> <li><input checked="" type="checkbox"/> On-Demand Air Taxi (FAR 135)</li> <li><input type="checkbox"/> Commercial Air Tour (FAR 136)</li> <li><input type="checkbox"/> Agricultural Aircraft (FAR 137)</li> <li><input type="checkbox"/> Pilot School (FAR 141)</li> <li><input type="checkbox"/> Certificate of Authorization or Waiver (COA)</li> <li><input type="checkbox"/> Commercial Space Transportation Experimental Permit</li> <li><input type="checkbox"/> Commercial Space Transportation License</li> <li><input type="checkbox"/> Other Operator of Large Aircraft</li> </ul>	<b>Regulation Flight Conducted Under</b> <ul style="list-style-type: none"> <li><input type="radio"/> FAR 91    <input type="radio"/> FAR 129    <input type="radio"/> FAR 415</li> <li><input type="radio"/> FAR 103    <input type="radio"/> FAR 133    <input type="radio"/> FAR 431</li> <li><input type="radio"/> FAR 121    <input checked="" type="radio"/> FAR 135    <input type="radio"/> FAR 435</li> <li><input type="radio"/> FAR 125    <input type="radio"/> FAR 137    <input type="radio"/> FAR 437</li> <li><input type="radio"/> FAR 91 Special Flight</li> <li><input type="radio"/> Non-US, Commercial</li> <li><input type="radio"/> Non-US, Non-commercial</li> <li><input type="radio"/> Public Aircraft <i>(Select one)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Armed Forces</li> <li><input type="radio"/> Federal</li> <li><input type="radio"/> State</li> <li><input type="radio"/> Local</li> </ul> </li> <li><input type="radio"/> Unknown</li> </ul>	<b>Revenue Operation for FAR 121, 125, 129, 135</b> <i>(Select one for each group)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Scheduled or Commuter</li> <li><input checked="" type="radio"/> Non-Scheduled or Air Taxi</li> <li><input type="radio"/> Domestic</li> <li><input type="radio"/> International</li> <li><input type="radio"/> Passenger</li> <li><input checked="" type="radio"/> Cargo</li> <li><input type="radio"/> Mail Contract Only</li> </ul>	
<b>Revenue Sightseeing Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Air Medical Flight</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Purpose of Flight for FAR 91, 103, 133, 137</b> <i>(Select one)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Aerial Application</li> <li><input type="radio"/> Aerial Observation</li> <li><input type="radio"/> Air Drop</li> <li><input type="radio"/> Air Race/Show</li> <li><input type="radio"/> Banner Tow</li> <li><input type="radio"/> Business</li> <li><input type="radio"/> Executive/Corporate</li> <li><input type="radio"/> External Load</li> <li><input type="radio"/> Ferry</li> <li><input type="radio"/> Firefighting</li> <li><input type="radio"/> Flight Test</li> <li><input type="radio"/> Glider Tow</li> <li><input type="radio"/> Instructional</li> <li><input type="radio"/> Other Work Use</li> <li><input type="radio"/> Personal</li> <li><input type="radio"/> Positioning</li> <li><input type="radio"/> Skydiving</li> <li><input type="radio"/> Unknown</li> </ul>	
AIRPORT INFORMATION <i>(Fill in if accident/incident occurred on approach, landing, takeoff, departure, or within 3 miles of an airport)</i>			
<b>Airport Name:</b> <u>CHICAGO</u> <b>Airport Identifier:</b> <u>KMDW</u> <b>Proximity to Airport:</b> <input checked="" type="radio"/> Off Airport/Airstrip <input type="radio"/> On Airport/Airstrip <input type="radio"/> N/A		<b>Distance From Airport Center:</b> <u>1/4</u> sm <b>Direction From Airport:</b> <u>130</u> degrees true <b>Airport Elevation:</b> <u>619</u> ft. msl	
<b>Runway Information</b> Runway ID: _____ (L/R/C) Length: _____ ft Width: _____ ft		<b>Condition of Runway/Landing Surface</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Dry</li> <li><input type="checkbox"/> Holes</li> <li><input type="checkbox"/> Ice Covered</li> <li><input type="checkbox"/> Rough</li> <li><input type="checkbox"/> Rubber Deposits</li> <li><input type="checkbox"/> Slush-Covered</li> <li><input type="checkbox"/> Snow-Compacted</li> <li><input type="checkbox"/> Snow-Crusted</li> <li><input type="checkbox"/> Snow-Dry</li> <li><input type="checkbox"/> Snow-Wet</li> <li><input type="checkbox"/> Soft</li> <li><input type="checkbox"/> Vegetation</li> <li><input type="checkbox"/> Water-Calm</li> <li><input type="checkbox"/> Water-Choppy</li> <li><input type="checkbox"/> Water-Glassy</li> <li><input type="checkbox"/> Wet</li> <li><input type="checkbox"/> Unknown</li> </ul>	
<b>Runway/Landing Surface</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asphalt</li> <li><input checked="" type="checkbox"/> Concrete</li> <li><input type="checkbox"/> Dirt</li> <li><input type="checkbox"/> Grass/Turf</li> <li><input type="checkbox"/> Gravel</li> <li><input type="checkbox"/> Ice</li> <li><input type="checkbox"/> Macadam</li> <li><input type="checkbox"/> Metal/Wood</li> <li><input type="checkbox"/> Snow</li> <li><input type="checkbox"/> Water</li> <li><input type="checkbox"/> Unknown</li> </ul>			
<b>Approach/Departure Segment</b> <i>(Select one)</i> <ul style="list-style-type: none"> <li><input type="radio"/> Taxi</li> <li><input checked="" type="radio"/> Takeoff</li> <li><input type="radio"/> Initial Climb</li> <li><input type="radio"/> VFR Departure</li> <li><input type="radio"/> IFR Departure Procedure/Clearance</li> <li><input type="radio"/> On Instrument Approach</li> <li><input type="radio"/> Landing</li> <li><input type="radio"/> Downwind</li> <li><input type="radio"/> Base</li> <li><input type="radio"/> Final</li> <li><input type="radio"/> Crosswind</li> <li><input type="radio"/> Low Approach</li> <li><input type="radio"/> Go Around</li> <li><input type="radio"/> Aborted Landing (after touchdown)</li> <li><input type="radio"/> Unknown</li> </ul>			
<b>IFR Approach</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> None</li> <li><input type="checkbox"/> ADF/NDB</li> <li><input type="checkbox"/> SDF</li> <li><input type="checkbox"/> VOR/TVOR</li> <li><input type="checkbox"/> VOR/DME</li> <li><input type="checkbox"/> TACAN</li> <li><input type="checkbox"/> PAR</li> <li><input type="checkbox"/> Sidestep</li> <li><input type="checkbox"/> ILS</li> <li><input type="checkbox"/> Localizer Only</li> <li><input type="checkbox"/> LOC-back course</li> <li><input type="checkbox"/> RNAV</li> <li><input type="checkbox"/> MLS</li> <li><input type="checkbox"/> LDA</li> <li><input type="checkbox"/> ASR</li> <li><input type="checkbox"/> Visual</li> <li><input type="checkbox"/> Contact</li> <li><input type="checkbox"/> Circling</li> <li><input type="checkbox"/> Practice</li> <li><input type="checkbox"/> GPS</li> <li><input type="checkbox"/> Unknown</li> </ul>		<b>VFR Approach</b> <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input checked="" type="checkbox"/> Traffic Pattern</li> <li><input type="checkbox"/> Straight-In</li> <li><input type="checkbox"/> Valley/Terrain Following</li> <li><input type="checkbox"/> Go Around</li> <li><input type="checkbox"/> Full Stop</li> <li><input type="checkbox"/> Stop and Go</li> <li><input type="checkbox"/> Touch and Go</li> <li><input type="checkbox"/> Simulated Forced Landing</li> <li><input type="checkbox"/> Forced Landing</li> <li><input type="checkbox"/> Precautionary Landing</li> <li><input type="checkbox"/> Unknown</li> </ul>	

**"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: ERIC City of Residence: GROVEPORT  
 Middle Initial: Q State: OH ZIP: 43125  
 Last Name: HOWLETT Country: USA  
 Age at time of Accident/Incident: 47 Date of Birth: [REDACTED] mm/dd/yyyy  
 Certificate Number: [REDACTED]

<b>Degree of Injury</b> <input type="radio"/> None <input checked="" type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <input checked="" type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single		<b>Restraint Type</b> <b>Available</b> <input type="radio"/> None <input checked="" type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input checked="" type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<b>Inflatable Restraints</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Pilot Certificate(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Flight Engineer						
<b>Principal Occupation</b> <input checked="" type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input checked="" type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown		<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input checked="" type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance		<b>Date of Last Medical</b> <u>11/12/2014</u> mm/dd/yyyy

**Medical Certificate Limitations**  
 MUST WEAR CORRECTIVE LENSES.

**Medical Certificate Special Issuance**

<b>Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks:</b> <u>11/5/2014</u> mm/dd/yyyy	<b>Flight Review Aircraft</b> Make: <u>GULFSTREAM</u> Model: <u>GA500B</u>
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<b>Airplane Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input checked="" type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> (Check all that apply) <input type="checkbox"/> None <input checked="" type="checkbox"/> Airplane Single-Engine <input checked="" type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input checked="" type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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<b>Type Ratings</b> CE-500;LRJET SIC PRIVILEGES ONLY	<b>Student Endorsements</b> (Include dates)
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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	1,339	34	1,203	136	108	53	150			
Pilot in Command (PIC)	1,073	34	984	89						
Time as Instructor	933									
This Make/Model					34	20	10			
Last 90 Days	143									
Last 30 Days	34	34								
Last 24 Hours	0	0								

**"FLIGHT CREWMEMBER 2" INFORMATION**

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

Pilot    Co-Pilot    Student Pilot    Flight Instructor    Check Pilot    Flight Engineer    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: \_\_\_\_\_

<b>Degree of Injury</b> <input type="radio"/> None <input type="radio"/> Fatal <input type="radio"/> Minor <input type="radio"/> Unknown <input type="radio"/> Serious		<b>Seat Occupied</b> <input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Unknown <input type="radio"/> Right <input type="radio"/> Rear <input type="radio"/> Center <input type="radio"/> Single		<b>Restraint Type</b> <b>Available</b> <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown <b>Used</b> <input type="radio"/> None <input type="radio"/> Lap only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown		<b>Inflatable Restraints</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown
<b>Pilot Certificate(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer				<b>Medical Certificate Validity</b> <input type="radio"/> Without limitations/waivers <input type="radio"/> Unknown <input type="radio"/> With limitations/waivers <input type="radio"/> N/A <input type="radio"/> Special Issuance		<b>Date of Last Medical</b> _____ <i>mm/dd/yyyy</i>
<b>Principal Occupation</b> <input type="radio"/> Pilot <input type="radio"/> Other <input type="radio"/> Unknown		<b>Medical Certificate</b> <input type="radio"/> None <input type="radio"/> Class 3 <input type="radio"/> Class 1 <input type="radio"/> Driver's License (Sport Pilot only) <input type="radio"/> Class 2 <input type="radio"/> Unknown				

**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:** \_\_\_\_\_

<b>Airplane Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Single-Engine Land <input type="checkbox"/> Single-Engine Sea <input type="checkbox"/> Multiengine Land <input type="checkbox"/> Multiengine Sea	<b>Other Aircraft Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airship <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Gyroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instrument Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Powered Lift	<b>Instructor Rating(s)</b> <i>(Check all that apply)</i> <input type="checkbox"/> None <input type="checkbox"/> Airplane Single-Engine <input type="checkbox"/> Airplane Multi-Engine <input type="checkbox"/> Gyroplane <input type="checkbox"/> Powered Lift <input type="checkbox"/> Instrument Airplane <input type="checkbox"/> Instrument Helicopter <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Sport
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<b>Type Ratings</b>	<b>Student Endorsements</b> <i>(Include dates)</i>
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Flight Time <i>(Enter appropriate number of hours in each box)</i>	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										

**ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)**

<b>Crew Name and Address</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Restraint Type:</b>	<b>Inflatable Restraints</b>
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

<b>Crew Name and Address</b>		<b>Seat Occupied</b>	<b>Injury</b>
First Name: _____ City of Residence: _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____		<input type="radio"/> Left <input type="radio"/> Front <input type="radio"/> Center <input type="radio"/> Rear <input type="radio"/> Right <input type="radio"/> Single <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown
<b>Pilot Certificate(s) (Check all that apply)</b>		<b>Restraint Type:</b>	<b>Inflatable Restraints</b>
<input type="checkbox"/> None <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> US Military <input type="checkbox"/> Private <input type="checkbox"/> Recreational <input type="checkbox"/> Airline Transport <input type="checkbox"/> Foreign <input type="checkbox"/> Student <input type="checkbox"/> Sport <input type="checkbox"/> Flight Engineer		<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown
<b>Type Rating/Endorsement for Accident/Incident Aircraft?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Flight Time at the Time of this Accident/Incident:</b> _____ hrs	

**PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)**

Name and Address	Seat	Injury	Restraint Type	Inflatable Restraints	Age	
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____  <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____  <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____  <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown
First Name: _____ City : _____ Middle Initial: _____ State: _____ ZIP: _____ Last Name: _____ Country: _____  <input type="radio"/> Crew <input type="radio"/> Passenger <input type="radio"/> Other	<input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Unknown Row: _____	<input type="radio"/> None <input type="radio"/> Minor <input type="radio"/> Serious <input type="radio"/> Fatal <input type="radio"/> Unknown	<b>Available</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<b>Used</b> <input type="radio"/> None <input type="radio"/> Lap Only <input type="radio"/> 3-point <input type="radio"/> 4-point <input type="radio"/> 5-point <input type="radio"/> Unknown	<input type="checkbox"/> Not Installed <input type="checkbox"/> Installed <input type="checkbox"/> Not Deployed <input type="checkbox"/> Deployed <input type="checkbox"/> Unknown	<input type="checkbox"/> Under 5 years If Under 5, <input type="checkbox"/> Child Restraint <input type="checkbox"/> Lap-Held <input type="checkbox"/> Unknown

**FLIGHT ITINERARY INFORMATION**

<b>Last Departure Point</b> Airport ID: <u>KMDW</u> City: <u>CHICAGO</u> State: <u>IL</u> Country: <u>USA</u>	<b>Time of Departure</b> Time: <u>0255</u> Time Zone: <u>CS</u>	<b>Destination</b> Airport ID: <u>KOSU</u> City: <u>DUBLIN</u> State: <u>OHIO</u> Country: <u>USA</u>	<b>Type Flight Plan Filed</b> <input type="radio"/> None <input type="radio"/> VFR/IFR <input type="radio"/> Company VFR <input checked="" type="radio"/> IFR <input type="radio"/> Military VFR <input type="radio"/> Unknown <input type="radio"/> VFR Activated? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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**Type of ATC Clearance/Service (Check all that apply)**

<input type="checkbox"/> None	<input type="checkbox"/> Special VFR	<input type="checkbox"/> Special IFR	<input type="checkbox"/> VFR Flight Following	<input type="checkbox"/> Cruise
<input type="checkbox"/> VFR	<input checked="" type="checkbox"/> IFR	<input type="checkbox"/> VFR On Top	<input type="checkbox"/> Traffic Advisory	<input type="checkbox"/> Unknown / NA

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

<input type="checkbox"/> Class A	<input type="checkbox"/> Class G	<input type="checkbox"/> Military Operations Area (MOA)	<input type="checkbox"/> Special
<input checked="" type="checkbox"/> Class B	<input type="checkbox"/> Demo Area	<input type="checkbox"/> Airport Advisory Area	<input type="checkbox"/> Air Traffic Control Area
<input type="checkbox"/> Class C	<input type="checkbox"/> Warning Area	<input type="checkbox"/> Jet Training Area	<input type="checkbox"/> Unknown
<input type="checkbox"/> Class D	<input type="checkbox"/> Prohibited Area	<input type="checkbox"/> TRSA	
<input type="checkbox"/> Class E	<input type="checkbox"/> Restricted Area	<input type="checkbox"/> FAR 93	

**Altitude of In-Flight Occurrence:** \_\_\_\_\_ ft msl

**WEATHER INFORMATION AT THE ACCIDENT/INCIDENT SITE**

<b>Source of Pilot Weather Information (Check all that apply)</b> <input checked="" type="checkbox"/> National Weather Service <input type="checkbox"/> Flight Service Station <input type="checkbox"/> TV/Radio <input type="checkbox"/> Automated Report <input type="checkbox"/> Commercial Weather Service (DUATS) <input type="checkbox"/> On-Board Weather <input type="checkbox"/> Company <input type="checkbox"/> Military <input type="checkbox"/> Internet <input type="checkbox"/> None <input type="checkbox"/> Unknown	<b>Weather Observation Facility</b> Facility ID: <u>KMDW</u> Observation Time: <u>0310</u> Time Zone: <u>GST</u> Distance from Accident Site: <u>1/4</u> nm Direction from Accident Site: <u>130</u> degrees true
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<b>Basic Conditions</b> <input checked="" type="radio"/> VMC <input type="radio"/> IMC <input type="radio"/> Unknown	<b>Light Condition</b> <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark Night <input type="radio"/> Unknown <input type="radio"/> Day <input checked="" type="radio"/> Night <input type="radio"/> Bright Night
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<b>Sky/Lowest Cloud Condition</b> <input type="radio"/> Clear <input type="radio"/> Thin Broken <input type="radio"/> Few <input type="radio"/> Thin Overcast <input type="radio"/> Partial Obscuration <input type="radio"/> Unknown <input type="radio"/> Scattered <b>Lowest Cloud Condition Height</b> _____ ft agl	<b>Ceiling</b> <input type="radio"/> None (Clear) <input type="radio"/> Obscured <input checked="" type="radio"/> Broken <input type="radio"/> Indefinite <input type="radio"/> Overcast <input type="radio"/> Unknown <b>Ceiling Height</b> 1900 _____ ft agl	<b>Temperature:</b> _____ (C) or <u>15</u> (F) <b>Dew Point:</b> _____ (C) or _____ (F) <b>Altimeter Setting:</b> _____ in. Hg or _____ MB
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<b>Wind Direction</b> <input type="checkbox"/> Variable -or- Direction: <u>300</u> degrees true	<b>Wind Speed</b> <input type="checkbox"/> Calm <input type="checkbox"/> Light and Variable -or- Speed: <u>18</u> kts	<b>Wind Gusts</b> <input checked="" type="checkbox"/> Not Gusting -or- Speed: <u>20</u> kts	<b>Visibility</b> <u>9</u> miles RVR: _____ feet RVV: _____ miles <b>Density Altitude:</b> <u>-2200</u> ft
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<b>Intensity of Precipitation</b> <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy <input checked="" type="radio"/> N/A <input type="radio"/> Unknown	<b>Type of Precipitation (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Drizzle <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Rain <input type="checkbox"/> Ice Pellets <input type="checkbox"/> Snow Shower <input type="checkbox"/> Snow <input type="checkbox"/> Snow Pellets <input type="checkbox"/> Ice Pellets Shower <input type="checkbox"/> Hail <input type="checkbox"/> Snow Grains <input type="checkbox"/> Freezing Drizzle <input type="checkbox"/> Rain Showers <input type="checkbox"/> Ice Crystals	<b>Restriction to Visibility (Check all that apply)</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Fog <input type="checkbox"/> Blowing Dust <input type="checkbox"/> Ground Fog <input type="checkbox"/> Blowing Sand <input type="checkbox"/> Haze <input type="checkbox"/> Blowing Snow <input type="checkbox"/> Ice Fog <input type="checkbox"/> Blowing Spray <input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Unknown
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<b>Icing Forecast</b> Amount <input type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input checked="" type="radio"/> Unknown Type <input checked="" type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input type="radio"/> Unknown	<b>Icing Actual</b> Amount <input type="radio"/> None <input type="radio"/> Trace <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Unknown Type <input type="radio"/> N/A <input type="radio"/> Rime <input type="radio"/> Clear <input type="radio"/> Mixed <input checked="" type="radio"/> Unknown	<b>Turbulence</b> Type (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Clear Air <input type="checkbox"/> Terrain-Induced <input type="checkbox"/> Convective Turbulence Severity <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> 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**

- None
- Substantial
- Minor
- Destroyed
- Unknown

**Aircraft Fire**

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

**Aircraft Explosion**

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

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

A TWO STORY HOME WAS IMPACTED AND DESTROYED.  
NO INJURIES TO THE HOME'S OCCUPANTS WERE REPORTED.  
THE AIRCRAFT CLIPPED PART OF THE ROOF OF THE NEIGHBORING HOME IMPACTED.  
THE AIRCRAFT WAS DESTROYED.

**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.

UNKNOWN.

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

Operator/Owner Safety Recommendation

HARD TO SAY AS WE'RE STILL WAITING TO HEAR WHAT THE NTSB THINKS MAY HAVE OCCURRED.

**MECHANICAL MALFUNCTION/FAILURE (If more space is needed, continue on separate sheet)**Was there Mechanical Malfunction/Failure?  Yes  No  
(If yes, list the name of the part, manufacturer, part no., serial no., and describe the failure.)**Total Time/Cycles  
On Part**

\_\_\_\_\_ Hours

\_\_\_\_\_ Cycles

**Time Since This Part  
Inspected/Overhauled**

\_\_\_\_\_ Hours

**FUEL & SERVICES INFORMATION****Fuel on Board at Last Takeoff**  
(Convert from pounds, as necessary)

120 \_\_\_\_\_ Gallons

**Fuel Type**
 80/87                       115/145                       Jet B                       Other, specify \_\_\_\_\_  
 100 Low Lead                       Jet A                       JP8  
 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

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

**Damage to Other Aircraft** Destroyed                       Minor Substantial                       None**Registered Owner of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Pilot of Other Aircraft**

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_



**ADDITIONAL INFORMATION (Please type or print in ink)**

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 12/1/2014  
*mm/dd/yyyy*

Name of Pilot/Operator: CENTRAL AIR SOUTHWEST, INC.

Signature: \_\_\_\_\_

-- or --  Check here to electronically sign this document

If a Person Other than Pilot/Operator is Filing Report

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

-- or --  Check here to electronically sign this document

**FOR NTSB USE ONLY**

NTSB Accident/Incident No. CEN15FA048	Reviewed by NTSB Regional Office -- Central Region --	Name of Investigator T. Sorensen	Date Report Received December 1, 2014
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