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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	C INFORM											
Accide	nt/Incident Loc	cation				.	Accident/Incid				2	
ZIP: 3	City/Place: <u>Sa</u> 4243 a	Country: U	ra. LS		State: _	FL_	Date: 11 D2 mm/d	8 2010		ocal Time:		
	27-23-		Longitude: 08	2-33-	15.8				Т	ime Zone:	Easten	0
	(Enter in decima	al degrees or a	degrees:minutes:s	econds)			Collision with	Other Air	craft: (O Midair	OOn-grou	ind Ø None
AIRC	RAFT INFO	RMATIO	N					1				
	ration Number:		20				IFR-Equip	oped and Co	ertified			
Manuf	acturer: <u>Ces</u>	isna					Commerce Unmanner		ight			
Model							Maximum Gr		t: 95	50	lbs	
Serial	Number: 172	25999	54				Weight at Tin					lbs
Year o	f Manufacture:	2005	5		,		Number of Se	.1			ew Seats:	2
Amate	ur-Built: OYes				A		Cabin Crew Sea			Passenge		2
	ØNo		Original Design				Number of En	igines:	1			<u> </u>
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ory of Aircraft		irworthiness C	ertificate		Landing Ge	ar		Engin	e Type (Se	elect one)	
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	p/Dirigible	Norma	al 🗖 Restri			Tricycle		ailwheel	OTurt	oo Shaft oo Prop		d Rocket rid Rocket
O Glide O Gyro		Aerob				7			OTurb	oo Jet	ONon	e
OHelic	opter	Comm				Amphibia Emergenc		igh Skid kid	O Turb O Elec		OUnk	nown
O Powe O Rock	red Lift	Transp				Float		ki	OLiec	uic		
OUltra		Utility Utility		d Light-Spo imental Lig		Hull		ki/Wheel	Fuel Sy	stem Type	(Reciprocati	ing)
OUnkn	own	Certificate	e of Authorization			Other Lau	nch/Recovery Sys	stem	OCarb	uretor	V Fuel	-Injected
		□None		Unknown	()	None	DU	nknown				
			Engine		Manufe	acturer's	Date	Rated Pow	er	Total		Since:
Engine	Engine Manufa		Model/Series		Serial N	Number	of Mfg. mm/dd/yyyy	O lbs of 1	Thrust	Time (hours)	(hours)	Overhaul (hours)
Eng. 1	Lycomin	9	10-340L	2A	L.32	188-51E	2007	1804	P	45845	32	4584.5
Eng. 2 Eng. 3		_			-							
Eng. 4				7								
Last In	spection Type			Propelle	er 1	SFixed Pi		Prope	ller 2	0	Fixed Pitch	L
Ø100-H		inuous Airwo	rthiness			OControll OGround			NIA	0	Controllable	Pitch
OAAIP	OCond	itional Inspec	tion	Manufac	turer: M	Ic Cauter	Aujustable	Manu	facturer:		Ground Adju	stable
O Annua	200 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000			Model:	IAITO	E/JHAT	660	Mode				
Date La	st Inspection:	mm/dd/yy	2016	ELT Ins				-		inment ((Check all that	t annhu)
Airfran	e Total Time:	4581.	5 hrs	If Yes:				ADS	S-B		sheek un ma	(apply)
	s measured at (Se			ELT Mai	nufacture	R: MERL	-INC.		rame Para	chute ck Indicator	-	
ØL	ast Inspection	O Time of A	ccident/Incident			: 3000 - 1	[C91a (121.5 MHz	514		k indicator		
Type of	Maintenance P	rogram (Se	lect one)	150 110.		(406 MHz)	C91a (121.5 MHz	Data	Recorder			
O Annua	575			Was ELT			t? ØYes ONo			ltifunction	Handheld De Display	vice
O Manu	tional (Amateur-be facturer's Inspection	uilt only)		Was ELT	still con	nected to anten	na? Wyes ONo	Elect	tronic Prir	nary Flight		
O Other	Approved Inspect	ion Program (AAIP)	1 ADDRESS PTERMIN		OYes ON	0		theld GPS Is Up Disp			
	uous Airworthine specify:	SS		If actival		ocating Aircraf	ov du	Onbo	oard Weat	her		
	tion of Fire Ext	inquiching	System	If not act		Aircran	: OYes SNo	Satel	lite Track Warning	ing Device		
O Mono			o, stem	Indicate I		Impact Dam	age IA			ng Device		
& Speci	sy: Portal	ole				Fire Damage			r, Specify			
						Battery Exp	ired/Damaged					

OWNER/OPERATOR INFORM	ATION	
Registered Aircraft Owner	ana a che an d'an ann ann a' tha an airteannachadh.	City: Rochester Hills
Name: Blanco Leasing	Inc.	
Fractional Ownership Aircraft: O Yes		Country: US
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner
Name: Cirrus AMATION	r. live.	City: SARABOTA
Doing Business As: 5475	/	
Air Carrier/Operator Designator (4 Charact	er Code):	Country: USA
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Ur	nder Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)
□None □Flag Carrier Operating Certificate (FAR 121) □Supplemental □Air Cargo	ØFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR	431 O Non-Scheduled or Air Taxi O International
 Foreign Air Carriers (FAR 129) Rotorcraft External Load (FAR 133) Commuter Air Carrier (FAR 135) On-Demand Air Taxi (FAR 135) 	OFAR 91 Special Flight ONon-US, Commercial ONon-US, Non-commercial	O Passenger O Cargo O Mail Contract Only
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 137)	OPublic Aircraft (Select one) O Armed Forces	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)
Certificate of Autorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft	O Arméd Porces O Federal O State O Local O Unknown	O Aerial Application O Firefighting O Unknown O Aerial Observation O Flight Test O Glider Tow O Air Drop O Glider Tow O Air Race/Show O Air Race/Show Ø Instructional O Banner Tow O Other Work Use O Business O Personal O Executive/Corporate O Positioning
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry
OYes St.No	O Yes 🕅 No	0
AIRPORT INFORMATION (Fill in	if accident/incident occurred on ap	proach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: Savasota Bi	adenton Internation	Distance From Airport Center:sm
Airport Identifier: KSRQ Proximity to Airport: O Off Airport/Airstrip		Direction From Airport: 40 degrees true
Troaninty to Airport. O Of Airport Airstrip	ØOn Airport/Airstrip ON/A	Airport Elevation: 30 ft. msl
Runway Information		Condition of Runway/Landing Surface (Check all that apply)
Runway ID: 04 (L/R/C) Length: Runway/Landing Surface (Check all that a Asphalt Grass/Turf Concrete Gravel Dirt Ice	<i>pply)</i> dam ☐ Water /Wood	Image: Dry Image: Snow-Compacted Image: Water-Calm Image: Holes Image: Snow-Crusted Image: Water-Choppy Image: Image: Image: Snow-Dry Image: Water-Glassy Image: Image: Snow-Wet Image: Water-Glassy Image: Rough Image: Snow-Wet Image: Wet Image: Rubber Deposits Image: Snow-Wet Image: Wet Image: Slush-Covered Image: Vegetation Image: Unknown
Approach/Departure Segment (Select one)		
OTaxi OVFR Departure OTakeoff OIFR Departure Proce OInitial Climb	OOn Instrument App edure/Clearance & Landing	proach ODownwind OLow Approach OBase OGo Around OFinal OCrosswind OUnknown
IFR Approach (Check all that apply) N/A	L	VFR Approach (Check all that apply)
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	Image: Straight-In Image: Stop and Go Image: Stop Image: Stop and Go Image: Stop and Go Image: Stop Image: S

"FLIGHT CREWMEME	BER 1" INFOR	RMATIO	N							
"Flight Crewmember 1" Res O Pilot O Co-Pilot	ponsibilities at the Ø Student Pilot		Accident/In	cident Check Pilot	O Fligh	nt Engineer	O Other	Flight Crew		
"Flight Crewmember 1" was	pilot flying	Yes 🛛 No	0							
"Flight Crewmember 1" Iden First Name: Yevaen	1 /	iver	HUKO	-	City of Re	sidence:	Kyiv	/		
Middle Initial:		J			State:	= <u>-</u> -		ZIP: 01	DOI	
Last Name: Korni	uchur				Country:	IIV	raine		001	
	Accident/Incident:	60	Date of E	Disth	- Anna-D		m/dd/yyyy	e		-
Age at time of A	Accident/incident.	and the second		0.75			maayyyy			
D			rtificate Nun			(2 64 8 8 8 9	
Degree of Injury	Seat Occupied	🗞 Front	O Unknow		estraint Ty	pe			Inflatable	Restraints
O Minor O Unknown O Serious	O Right	O Rear O Single	OCIRIO	wit	Available O None		O None O Lap onl		Not Ins	
Pilot Certificate(s) (Check all	that apply)				O Lap or 3-poir		3-point		Installe	
□ None □ Flight In		nmercial	🗆 US M	ilitary	O 4-poir	nt	O4-point		Deploy	ved
Private Recreation	onal 🛛 🗖 Airl	ine Transpor	rt 🗖 Foreig		O 5-poir O Unkno		O 5-point O Unknow		Unkno	wn
Student 🗆 Sport	🗖 Flig	ht Engineer			OOIM	own	Ocimino			
Principal Occupation M	ledical Certificate	í		M	edical Cer	tificate Va	lidity		Date of La	st Medical
	None SCI	ass 3			Without lin			Jnknown	INLAN	locul
			se (Sport Pilot		With limita		s ÕN	N/A	10/05	12016
O Unknown C Medical Certificate Limitatio		nknown		10	Special Issu	lance			mm/da/y	yyy
Medical Certificate Limitatio	ons	0								
NA										
Medical Certificate Special Is	ssuance					ere ha olive z Wa		- 1		
N/A										
Date of Last Flight Review		Flight	Review Airo	craft	1.		1000 B			
or Equivalent, Including	NA	Make:		N/	A					
FAR 121/135 Checks:	mm/dd/yyyyy	Model:				1000	1997 - 1997 W		the state of the s	
Airplane Rating(s)	Other Aircraft R		1			T	D (1 ()	1.57		
(Check all that apply)	(Check all that apply		the state of the s	ent Rating(I that apply)	(\$)	(Check all	r Rating(s)			
□ None	None	· .	K None			None	and apply)	Ē	Instrument	Airplane
Single-Engine Land	Airship		Airpla	ine		Airplan	e Single-Eng	ine 🖸	Instrument	Helicopter
 Single-Engine Sea Multiengine Land 	Balloon Glider		Helico			Gyropla	e Multi-Engi	ne 🛛	Helicopter Glider	
Multiengine Sea	Gyroplane			ed Ent		D Powered			Sport	
STUDENT Pilot-SEL	 Helicopter Powered Lift 				1					
Type Ratings			_	1		Student F	ndorseme	nts (Include	dates)	
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N/A										
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Flight Time (Enter appropriate	All Th	is Make	Airplane Single	Airplane		Instr	ument			Lighter
number of hours in each box)	Aircraft &	Model	Engine	Multiengine		Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time		58	68	9	3.2	Ð	.8	N/A	N/A	N/A
Pilot in Command (PIC)		5.8	5.8	NA				NA	N/A	NA
Time as Instructor	N/A	NA	NA	NA	N/A	NA	NIA	NA	N/A	NA
This Make/Model	60	-	20	The second second				「日本の「夢		
Last 90 Days	58 39.2 3	9.2	39.2	\rightarrow				$\backslash/$	\times /	12
Last 30 Days Last 24 Hours	0	.8	39.2	A				X	X	X
2431 27 110413	- 0	0	18	U		1				

"FLIGHT CREWMEMBER 2" INFORMATION Note: "Fight Commember 2" Reponsibilities at the Time of Actident Interdent "Fight Commember 2" New plot Rying Check Plot Other Fight Commember 2" Marking Comments "Fight Commember 2" Markin Plot Check Plot Other Fight Commember 2" Markin Plot "Fight Commember 2" Markin Plot Check Plot Check Plot "Fight Commember 2" Markin Plot Check Plot Country: "Anno:		D.	N.	A							
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"Flight Crewmember 2" Identification First Name:	"Flight Crewmember 2" Re	sponsibilities at the	Time of A	ccident/Incide		OFlip	ght Engineer	OOther	Flight Crew		
First Name:	"Flight Crewmember 2" wa	s pilot flying □Y	es 🗆 No	0							
First Name:	"Flight Crewmember 2" Ide	entification									
Middle Initial:	The second se				C	ity of Re	esidence				
Last Name:											
Maps Age at time of Accident/Incident:											
Degree of Injury O None O Serious Stet Occupied Defn O Center O Unknown O Righ Restraint Type O Lefn O Serious Inflatable Restraints O None O Lefn O None O Lap only D Point Inflatable Restraints D None D apoint Inflatable B B None D Apoint Inflatable B B None D Apoint Inflatable B B None D Apoint Inflatable B None D Apoint <thinflatable b="" none<br="">D Apoint Inflatabl</thinflatable>	1. DE MENNES CONTRACTOR AND			Date of Birth:					3 - 10 - 1 - 10 - 10 - 10 - 10 -		
O None O Final O Left O Front O Unknown Available Used Immediate Retringent Pilot O Control Single O Lap only D Lap only	Degree of Injury	Seat Occupied	Certin	ficate Nulliber.		traint T	ame.				
Pilot Certificate(s) (Check all that apply) IN Secretional IN Sec	O None O Fatal O Minor O Unknown	OLeft (ORight (DRear	OUnknown		Availab O Non	le e	O None		Not Inst	alled
□ None □ US Military ○ Apoint ○ Apoint ○ Apoint ○ Deloyed □ None □ Sport □ URknown ○ Unknown ○ Unknown ○ Unknown □ Viate ○ None ○ Class 3 ○ Unknown ○ Unknown ○ Unknown ○ Other ○ Class 1 ○ Divr's License (Sport Pilot only) ○ With Imstandorswires: ○ Unknown ○ Unknown ○ Other ○ Class 2 ○ Unknown ○ Class 3 ○ Unknown ○ Unknown ○ Other ○ Class 2 ○ Unknown ○ Unknown ○ Unknown ○ Unknown ○ Other ○ Class 2 ○ Unknown ○ Unknown ○ Unknown ○ Unknown ○ Medical Certificate Limitations ○ Unknown ○ Unknown ○ Unknown ○ Unknown Medical Certificate Special Issuance Imm/dd/jyyy Material ○ Unknown ○ Unknown Airplane Rating(5) Other Aircraft Rating(5) Instrument Rating(5) Instrument Rating(5) Instrument Airplane ○ Single-Engine Land □ Airplane □ Airplane □ Airplane □ Instrument Airplane □ Multiengine Sea □ Dilot □ Other ○ Other <td< td=""><td>Pilot Certificate(s) (Check all</td><td>that apply)</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></td<>	Pilot Certificate(s) (Check all	that apply)				-					
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Other O Unknown O Class 1 O Class 2 O Unknown Dirver's License (Sport Pilot only) O Class 2 O Unknown O With limitations waivers O Special Issuance O N/A			· 3		124000			Contraction in Contraction		Date of Las	t Medical
Medical Certificate Limitations Medical Certificate Special Issuance Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: mm(dd/yyyy Model: Make: mm(dd/yyy) Other Aircraft Rating(s) (Check all that apply) Other Aircraft Rating(s) Other Aircraft Rating(s) Make: Model: Model: Model: Model: Model: Model: Model: Model: Model: Mone None Airplane Single-Engine Other Aircraft Rating(s) Other Aircraft Rating(s) Multiengine Land Officing Engine Multiengine Sea Officing Provered Lift Powered Lift Powered Lift Powered Lift Student Endorsements (Include dates) Flight Time (Enter appropriate and Airraft & & Model & Single Engine and Airraft & & Model & Single Engine and Airraft & & Model & Single Engine and Airraft & & Model & Single & Night & Actual & Single & Reverent & Gilder & Then Air Total Time & The Airraft & & & & & & & & & & & & & & & & & & &	O Other	Class 1 O Driv	er's License	e (Sport Pilot only) OV	Vith limit	ations/waiver				
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(Check all that apply) Instrument Airplane Single-Engine Land Airship Airship Airplane Airplane Instrument Helicopter Multiengine Land Glider Powered Lift Powered Lift Glider Glider Type Ratings All Airplane Airplane Airplane Glider Glider Type Ratings All This Make Airplane Airplane Note Instrument Glider Lighter Flight Time (Enter appropriate number of hours in each box) All Airplane Airplane Airplane Airplane Night Retoreraft Glider Lighter Total Time All This Make Single Engine Night Actual Sinulated Retoreraft Glider Than Air Total Time Instrument Instrument Instrument Instrument Instrument Instrument Instrument Time as Instructor Instrument Instrument Instrument Instrument Instrument Instrument Instrument		Other Aircraft Rat	ting(s)	Instrument	Rating(s)		Instructor	Rating(s)			
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Single-Engine Sea Balloon Helicopter Multiengine Land Glider Helicopter Multiengine Sea Gyroplane Helicopter Powered Lift Powered Lift Glider Type Ratings Student Endorsements (Include dates) Flight Time (Enter appropriate number of hours in each box) All Aireraft All rolane Multiengine Pilot in Command (PIC) Instrument Time as Instructor Instructor Time as Instructor Instructor Last 90 Days Instructor Last 30 Days Instructor								Cincle Fusie		Instrument A	irplane
Multiengine Land Glider Powered Lift Gyroplane Glider Glider Multiengine Sea Gyroplane Helicopter Powered Lift Powered Lift Sport Type Ratings Student Endorsements (Include dates) Flight Time (Enter appropriate number of hours in each box) All Aircraft Multiengine Airplane Instrument Rotorcraft Glider Lighter Total Time Image: Single Aircraft Multiengine Night Actual Simulated Rotorcraft Glider Than Air Pilot in Command (PIC) Image: Single	Single-Engine Sea	□ Balloon					Airplane	Multi-Engine		Helicopter	elicopter
Image: Instructor All Alighter Model Alighter Single Engine Airplane Multiengine Airplane Multiengine Image: Instructor				Dewered L	ift					Glider	
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Last 30 Days			Contraction (1955)	A CONTRACTOR OF A CONTRACT					Provide and the second	P LONG LONG	Stanley Sills
	Construction and the second						-				
	Last 24 Hours										

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ADDITIONAL FL							-		
Crew Name and Add	dress					_	Seat Occupie	ed	Injury
First Name: Middle Initial:				ence:			O Left O Center	O Front O Rear	O None O Minor
							O Right	O Single O Unknown	O Serious O Fatal O Unknown
Pilot Certificate(s) (Check all that apply) Flight Instructo Recreational Sport	Air	nmercial line Trans ght Engine	port D For	Military reign		Restraint Ty Available O None O Lap Only O 3-point	Used O None	Inflatable Restraints
Type Rating/Endors Accident/Incident A	ement for	i 🗆 No	Total F	light Time a		hrs	O 4-point O 5-point O Unknown	O 4-point O 5-point	 Not Deplo Deployed Unknown
Crew Name and Add	iress						Seat Occupie	d	Injury
Middle Initial:		State	e:	ence:	ZIP:		OLeft OCenter ORight	O Front O Rear O Single O Unknown	O None O Minor O Serious O Fatal O Unknown
Pilot Certificate(s) (None Private Student Type Rating/Endors Accident/Incident Ai	Flight Instructor Recreational Sport rement for ircraft?	Airl Flig	of this A	port For For light Time a Accident/Inci	t the Time		Restraint Ty Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Used O None	Inflatable Restraints Not Install Installed Not Deploy Deployed Unknown
PASSENGER(S)	OTHER PERS	ONNEL (Include of	cabin crew; c	ontinue on s	eparate shee	t if necessary)		
Name and Address		14		Seat	Injury	Restraint T	уре	Inflatable Restraints	Age
First Name:				OLeft	ONone	Available ONone	Used O None	Not Installed	Under 5 yea
Middle Initial:	Country:			OCenter ORight OUnknown	O Minor O Serious	O Lap Only O3-point O4-point O 5-point	O Lap Only O 3-point O 4-point O 5-point	 Not Installed Installed Not Deployed Deployed Unknown 	If Under 5, O Child Rest
OCrew	OPassenger	OOt	her	Row:	Clikilowi	OUnknown	O Unknown		O Lap-Held O Unknown
First Name: Middle Initial: Last Name:				OLeft		Available	Used O None		Chknown
				OCenter ORight OUnknown	O None O Minor O Serious O Fatal	ONone OLap Only O3-point O4-point O5-point	O Lap Only O 3-point O 4-point	 Not Installed Installed Not Deployed Deployed Unknown 	Under 5 yea If Under 5, O Child Rest
OCrew	Country:OPassenger			OCenter ORight	O Minor O Serious	O Lap Only O3-point O4-point O5-point OUnknown	O Lap Only O 3-point O 4-point O 5-point O Unknown	□ Installed □ Not Deployed	Under 5 yes
First Name:	OPassenger	OOt	her	OCenter ORight OUnknown Row: OLeft	O Minor O Serious O Fatal O Unknown	OLap Only O3-point O4-point O5-point OUnknown Available ONone	O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Installed Not Deployed Deployed Unknown Not Installed	Under 5 yea If Under 5, O Child Ress O Lap-Held O Unknown
	OPassenger City : State:	O Oti	her	OCenter ORight OUnknown Row: OLeft OCenter ORight	O Minor O Serious O Fatal O Unknown	OLap Only O3-point O4-point O5-point OUnknown Available	O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed	□ Under 5 yea If Under 5, ○ Child Rest ○ Lap-Held ○ Unknown □ Under 5 yea If Under 5,
First Name: Middle Initial:	OPassenger City : State:	O Oti	her	OCenter ORight OUnknown Row: OLeft OCenter	O Minor O Serious O Fatal O Unknown	OLap Only OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Installed Not Deployed Deployed Unknown Not Installed Installed	Under 5 yea If Under 5, O Child Ress O Lap-Held O Unknown Under 5 yea
First Name: Middle Initial: Last Name: O Crew	OPassenger City : State: Country: OPassenger	O Oti	her her	OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	O Lap Only O 3-point O 4-point O 5-point O Unknown Used O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Installed Deployed Deployed Unknown Not Installed Installed Not Deployed Deployed Unknown Unknown	☐ Under 5 yes If Under 5, O Child Ress O Lap-Held O Unknown □Under 5 yes If Under 5, O Child Ress O Lap-Held
First Name: Middle Initial: Last Name:	OPassenger City : State: Country: OPassenger City :	O Oti	her	OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal	OLap Only 3-point 4-point 5-point OUnknown Available ONone OLap Only 3-point 04-point 05-point 04-point 05-point OUnknown Available ONone OLap Only 14-point 05-point 04-point 0	O Lap Only O 3-point O 4-point O 5-point O Unknown Used O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only	Installed Not Deployed Deployed Unknown Not Installed Not Deployed Deployed Unknown Not Deployed Unknown Not Installed	☐ Under 5 yes If Under 5, O Child Ress O Lap-Held O Unknown □Under 5 yes If Under 5, O Child Ress O Lap-Held
First Name: Middle Initial: Last Name: OCrew First Name:	OPassenger City : State: Country: OPassenger City : State:	© Oti ZIP: O Oti ZIP:	her	OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	O Lap Only O3-point O4-point O5-point OUnknown Available O None O Lap Only O3-point O4-point O4-point O5-point OUnknown Available O None	O Lap Only O 3-point O 4-point O 5-point O Unknown Used O Lap Only O 3-point O 4-point O 4-point O Unknown Used O None	Installed Deployed Deployed Unknown Not Installed Installed Not Deployed Deployed Unknown Unknown	☐ Under 5 yr If Under 5, O Child Re O Lap-Held O Unknown □Under 5 yr If Under 5, O Child Re O Lap-Held O Unknown □ Under 5 yr

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FLIGHT ITINERAR	INFORMATIC	N			San Providencia			
Last Departure Point	Ti	ne of Departure	Destinatio	on		Type Fligh	t Plan Filed	
Airport ID: KSRQ	701	39.0	Airport ID:	KSRQ		Ø None	O VFR/	IFR
City: Sarasota		ne:	City: S	arasta	e	O Company O Military		
State: PL	Tin	ne Zone: Easty	State:	RL		O VFR	VFR Unkn	own
Country: US	0		Country:	US		Activated?	OYes ONo C	Unknown
Type of ATC Clearance/S	ervice (Check all tha	t apply)						
□ None	□ Special VFR □ IFR	□ Spe	ecial IFR R On Top		□ VFR Flight Foll □ Traffic Advisory		Cruise	
Airspace where the accide	nt/incident occurr	ed (Check all that	apply)				Altitude of In-	Flight
Class C Class D Class E	Class G Demo Area Warning Area Prohibited Area Restricted Area	☐ Aiŋ ☐ Jet ☐ TRS ☐ FAI	R 93	rea	☐ Special ☐ Air Traffic Cont ☐ Unknown	rol Area	Occurrence:	_ ft msl
WEATHER INFORM	The second s	E ACCIDEN	T/INCIDEN	T SITE				
Source of Pilot Weather I	nformation				servation Facility	,		
(Check all that apply)				Facility ID:	KSRQ			
National Weather Service Flight Service Station		mpany litary		Observation Ti			7	
TV/Radio	🗖 Inte	ernet		Time Zone:	EST			
Automated Report	CR (DUATS)	ne known			Accident Site:	Ø	nm	
On-Board Weather		KIOWII		Direction from	Accident Site:	4Ð	degrees true	
Basic Conditions		Light Conditi	on					
ØVMC		ODawn	ODusk	ODark		nknown		
O IMC O Unknown		Day	ONight	OBrig	ht Night			
Sky/Lowest Cloud Condit	ion	Ceiling		- 11 - 18 <mark>9 - 199 - 199 - 199 - 19</mark> 9	Terret		(0)	
🐱 Clear	O Thin Broken	Ø.None (Clear)	0	Obscured			(C) or	
O Few	O Thin Overcast	O Broken		Indefinite	Dew Point:	(C) or	_(F)
O Partial Obscuration O Scattered	OUnknown	O Overcast	0	Unknown	Altimeter Sett	ing:	in. Hg	1
Lowest Cloud Condition	Height	Ceiling Heigh	t			or	MB	·
	ft agl			ft agl	201.00	0	et Pilor	10m diate
Wind Direction	W2-1C-1	1	W. 10					Sinana
	Wind Speed		Wind Gusts		Visibility MO	re than	[0 _{miles}	
X Variable	Calm	iable	🕅 Not Gustin	g	RVR	:	feet	γ
-or-	-or-		-or-		RVV	:	miles	(
Direction:degrees tru	e Speed:	kts	Speed:	kts	Density Altitu	de:	ft	
Intensity of Precipitation		tation (Check all th	hat apply)		Restriction to	Visibility (C	heck all that apply)	
OLight	None	Drizzle	□ Freezing	g Rain	None	D F		
O Moderate O Heavy	□ Rain □ Snow	□ Ice Pellets □ Snow Pellets	Snow Sh Ice Pelle		Blowing Du		Fround Fog Jaze	
ON/A	Hail	Snow Grains	s 🗖 Freezing		Blowing Sn	ow 🗖 Io	ce Fog	
OUnknown	□ Rain Showers	□ Ice Crystals			□ Blowing Spi □ Dust		moke Inknown	
Icing Forecast		Icing Actual	(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		Turbulence			
Amount Type		Amount	Туре		Type (Check al	ll that apply)	Severity	
O Trace O N/A		8 None	ON/A		None	······································	□Light	
O Trace O Rime O Light O Clear		O Trace O Light	O Rime O Clear		Clear Air	iced	☐ Moderate ☐ Severe	
O Moderate O Mixed	ſ	O Moderate	O Mixed		Convective 7		Extreme	
O Severe O Unknown	own	O Severe O Unknown	O Unkno	own				
		Contraction of the second second						
NOTAMs (D and FDC),	AIRMETs, SIG	METs, PIREPs	in effect at t	the time of th	e accident/incid	lent:		
N/A								
and the second	and the second second second second		the second state of the se					

DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage O None O O Minor O

 ge
 Aircraft Fire

 Substantial
 Substantial

 Destroyed
 In-Flight

 Unknown
 On-Ground

O Both Ground and In-Flight O Fire at Unknown Time O Unknown Aircraft Explosion Vone O In-Flight O On-Ground

O Both Ground and In-Flight O Explosion at Unknown Time 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.

See affached statement from Student Piloz

RECOMMENDATION (How could this	accident/incident hav	e been prevented?				
Operator/Owner Safety Recommendation				1	. 0 /	
				ASK	- Cust	me
His email addr						
His email addr	ess 15.					
MECHANICAL MALFUNCTION/	FAILURE (If more	space is needed, o	continue on sepa	rate sheet)		
Was there Mechanical Malfunction/Failur					Total Tin	ne/Cycles
(If yes, list the name of the part, manufacturer, part	rt no., serial no., and desc	cribe the failure.)			On Part	
						Hou
						Cyc
					Time Sin	
						ce This Pa
						ce This Pa //Overhau
						ce This Pa //Overhau
FUEL & SERVICES INFORMAT	ION					ce This Pa //Overhau
Fuel on Board at Last Takeoff	Fuel Type				Inspected	ce This Pa //Overhau
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)		O 115/145 O Jet A	O Jet B O JP8	O Other, specif	Inspected	ce This Pa //Overhau
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 53 Gallons	Fuel Type Ø 80/87 Ø 100 Low Lead Ø 100/130			O Other, specif	Inspected	ce This Pa //Overhau
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	Fuel Type Ø 80/87 Ø 100 Low Lead Ø 100/130	O Jet A	O JP8	O Other, specif	Inspected	ce This Pa //Overhau
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 53 Gallons	Fuel Type Ø 80/87 Ø 100 Low Lead Ø 100/130	O Jet A	O JP8	O Other, specif	Inspected	ce This P /Overhau
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 53 Gallons	Fuel Type Ø 80/87 Ø 100 Low Lead Ø 100/130	O Jet A	O JP8	O Other, specif	Inspected	ce This Pa /Overhau
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 53 Gallons	Fuel Type Ø 80/87 Ø 100 Low Lead Ø 100/130	O Jet A	O JP8	O Other, specif	Inspected	ce This Pa /Overhau
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 53 Gallons Other Services, if Any, Prior to Departure	Fuel Type O 80/87 Ø 100 Low Lead O 100/130 e	O Jet A	O JP8	O Other, specif	Inspected	ce This Pa /Overhau
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 63 Gallons Other Services, if Any, Prior to Departure EVACUATION OF AIRCRAFT	Fuel Type O 80/87 Ø 100 Low Lead O 100/130 e	O Jet A O Jet A-1 □ Yes ☑ No	O JP8 O Automotive	O Other, specif	Inspected	ce This Pa /Overhau
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 63 Gallons Other Services, if Any, Prior to Departure EVACUATION OF AIRCRAFT Was an emergency evacuation of the aircr Method of Exit – Describe how the occupar	Fuel Type O 80/87 D 100 Low Lead O 100/130 e raft performed? hts exited and how mar	O Jet A O Jet A-1 □ Yes ☑ No	O JP8 O Automotive	O Other, specif	Inspected	ce This Pa //Overhau
Fuel on Board at Last Takeoff (Convert from pounds, as necessary) 63 Gallons Other Services, if Any, Prior to Departure EVACUATION OF AIRCRAFT Was an emergency evacuation of the aircr	Fuel Type O 80/87 D 100 Low Lead O 100/130 e raft performed? hts exited and how mar	O Jet A O Jet A-1 □ Yes ☑ No	O JP8 O Automotive	O Other, specif	Inspected	ce This Pa //Overhau
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ADDITIONAL INFORMATION (Please	se type or print in ink)
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Use this space if additional space is needed for any answers.

I HEREBY CERTIF	Y THAT TH	E ABOVE INFORMATION IS COMPL	LETE AND ACCURATE TO THE BEST	OF MY KNOWLEDGE
Date of this Report	Name of I	Pilot/Operator:	and the second se	
	Signature			
man /dd/man	2.21			
mm/dd/yyyy	or	Check here to electronically sign this		
If a Person Other th	an Pilot/Op	Check here to electronically sign this erator is Filing Report	document	nt Curduin lass
	an Pilot/Op	Check here to electronically sign this erator is Filing Report	document	nt Coord inator
If a Person Other th	an Pilot/Op	Check here to electronically sign this erator is Filing Report	document	nt Coordinator
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