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 INFORMA	ATION					2 2						
Accident/Incident Loc	ation				A	ccident	/Incid	ent Date/I	lime			
Nearest City/Place: Venice State: FL							14/2017	Lo-	cal Time: _	9:30 A.M.		
ZIP: 34285 Country: Charlotte							mm/da	t/yyyy	Ti.	me Zone:	E	
Latitude: 27-04-17.80	00N	Longitude: <u>082</u>	-26-25.2	W000						ne 20ne		
(Enter in decime	al degrees or a	legrees:minutes:se	conds)		C	Collision	with	Other Air	craft: C) Midair	OOn-groun	nd O None
AIRCRAFT INFO	RMATIO	N ight de la line					- p					
Registration Number:	N57GX					_		ped and Ce				
Manufacturer: Conti	nental							al Space Fli l Aircraft	ght			
Model: <u>10-550G6</u>						Maximu	m Gr	oss Weigh	t: 3360		lbs	
Serial Number: 6851	31				I .			_			50	lbs
Year of Manufacture:	10/08/200	94				-					w Seats: 2	
Amateur-Built: OYe	s If Yes: (OKit/Plans Mal	ke: Moone	y M20R	1					_	Seats:	
⊙ No		Original Design		•	I			gines: 1		. —оди.		
Category of Aircraft	Type of A	irworthiness Ce	rtificate		Landing Gear			 	Engine	Type (Se	elect one)	
 Airplane 	(Check all t	hat apply)			(Check all that				Reci	procating	O Liq u i	id Rocket
OBalloon OBlimp/Dirigible	Standar Norma		ted		_	tractable			O Turb O Turb	o Shaft		Rocket id Rocket
OGlider	Aerob	atic 🗖 Limite	ď		☑ Tricycle			ailwheel	O Turb	o Jet	ONone	
OGyroplane OHelicopter	☐ Balloo				Amphibian			igh Skid	O Turb		O Unkr	ιονπ
OPowered Lift	Transt				☐ Emergency ☐ Float	Float			O Elect	iric		
ORocket	☐ Utility		l Light-Spo		Hull			ki/Wheel	Fuel Sy:	stem Type	(Reciprocati	ng)
OUltralight OUnknown	_	=	mental Ligh	-	Other Laund	h/Recovi	ery Sys	item	O Carb		_	Injected
O STAMO	│ □ Certificate │ □ None	of Authorization	or Waiver Unknown	(COA)	☐ None		ΠU	nknown				
]		Date		Rated Pow	er	Total	Time	Since:
Engine Engine Manuf	a n fra wa w	Engine Model/Series	:		acturer's	of M		O Horser		Time	Inspection	
Engine Engine Manufa Eng. 1 Continental Mo		M20.R		685131	Number	10/08/		280	i iii ust	(hours) 987	(hours)	(hours)
Eng. 2												
Eng. 3												
Eng. 4						<u></u>						
Last Inspection Type			Propelle	er I	○Fixed Pito ○Controllal			Propo	eller 2	_	Fixed Pitch Controllable	Pitch
	tinuous Airwo			OGround Adjustable OGround Adjustable								
OAAIP OCon OAnnual OUnk	ditional Insper	ction	Manufac	turer: <u> </u>	lartzell			Manu	ıfacturer: _			
Date Last Inspection:		016	Model: _	PHC_E	WF-1RE/F768	30F-2		Mode	:l:			
Date Cast Inspection.	mm/dd/yy		ELT Ins	stalled:	⊙ Yes	ONo Additional Equipment (Check all that apply)					t apply)	
Airframe Total Time:	987	hrs	If Yes:	'es: Manufacturer: Ameri-King Corp. ✓ ADS-B □ Aurframe Parachute								
hours measured at (S	,					Corp.		□Ang	le of Atta	ck Indicato	r	
OLast Inspection OTime of Accident/Incident Model or Part No.: AK-450 TSO No.: OC91 (121.5 MHz					91a (121	.5 MH:	Z) Z Aut	opilot a Recorde:				
Type of Maintenance Program (Select one) OC126 (406 MHz)					(406 MHz)			ı -			Handheld De	vice
Annual Conditional (Amateur-built only) Was ELT still mounted in air				unted in aircraft	? ⊙ Yes	ONe			ltifunction			
O Manufacturer's Inspec					nected to antenn	_	ONe		stronic Pri	mary Fligh	t Display	
O Other Approved Inspec	tion Program	(AAIP)			? OYes ⊙ No	•		Hea	ds Up Dis	play		
O Continuous Airworthin O Other, specify:	iess		If activa		ocating Aircraft:	OYes	⊙ No		oard Wea		_	
Description of Fire Ex	tinguishing	System		tivated:				U Sau	inne Traci I Warning	ting Device System	5	
O None		-y	ludicate		☐Impact Dama			■Vide	eo Record	ing Device		
Specify: Hand Extir	nguisher				☐ Fire Damage ☐ Battery Expir		ممط	U Uth	er, Specify	r;		
			1		- Daneiv EXDII	cu/L/amla	≝,CU	-1				

OWNER/OPERATOR INFORMA	VTION		ing grand and state of the stat	रेक्टर हुन हुन क्रमेर क्रिकेट के प्राप्त है। इस स्वरूप के प्राप्त के प्राप्त के प्राप्त के प्राप्त के प्राप्त इस सम्बद्ध के प्राप्त के प्राप्त है। इस स्वरूप के किस के सम्बद्ध के प्राप्त के स्वरूप के स्वरूप के प्राप्त के			
Registered Aircraft Owner			City: Fort Myers				
Name: William M Powell Inc			State: FL	ZIP: 33903			
Fractional Ownership Aircraft: O Yes O	No		Country: Lee				
Operator of Aircraft	gistered Owner		Same Address as Registered Owner				
Name: Jason Pelland		_	City:				
Doing Business As: Instructional		_	State: FL	ZIP: 33912			
Air Carrier/Operator Designator (4 Characte	er Code): <u>N/A</u>		Country: Lee				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Un			or FAR 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) ☐On-Demand Air Taxi (FAR 135)	OFAR 91 OFAR 129 OFAR OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR OFAR 125 OFAR 137 OFAR OFAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	431 435 437	Scheduled or Commut Non-Scheduled or Air Passenger Cargo Mail Contract Only				
Commercial Air Tour (FAR 136) Agricultural Aircraft (FAR 136) Agricultural Aircraft (FAR 137) Pilot School (FAR 141) Certificate of Authorization or Waiver (COA) Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft	OPublic Aircraft (Select one)		Aerial Application Aerial Application Aerial Observation Air Drop Air Race/Show Banner Tow Business Executive/Corporate	FAR 91, 103, 133, 137 OFirefighting OUnknown OFlight Test OGlider Tow OInstructional OOther Work Use OPersonal OPositioning			
Revenue Sightseeing Flight	Air Medical Flight		External Load Ferry	OSkydiving			
O Yes O No	O Yes O No						
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, k	anding, takeoff, depa	rture, or within 3 miles of an airport)			
Airport Name: Verice: Airport Airport Identifier: KVNC Proximity to Airport: O Off Airport/Airsuit		Distan Direct	nce From Airport Ce tion From Airport: <u>C</u>				
-		Airpo	rt Elevation: 17	It msi			
Runway Information Runway ID: 13 (L/R/C) Length: 5,0 Runway/Landing Surface (Check all that a	pply) dam	☐ Dry ☐ Hole ☐ Ice C ☐ Roug ☐ Rubb	Snow	w-Wet Wet			
Approach/Departure Segment (Select one)							
OTaxi OVFR Departure OTakeoff OIFR Departure Proce OInitial Climb	OOn Instrument Appelure/Clearance	proach	O Downwind O Base O Final O Crosswind	O Low Approach O Go Around O Aborted Landing (after touchdown) O Unknown			
IFR Approach (Check all that apply)		VFR A	pproach (Check all th	hat apply)			
☑ None		□None	:				
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	☐MLS ☐Practice ☐LDA ☐GPS ☐ASR ☐Visual ☐Contact ☐Circling ☐Unknown	Straig	ry/Terrain Following round	☐ Stop and Go ☐ Touch and Go ☐ Simulated Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown			

"FLIGHT CREWMEN	MBER 1" INFO	ORMATIC	ON							7.801
"Flight Crewmember 1" R	esponsibilities at (Student Pilot	the Time of OFlight I			Orma	e. E. Carlos	Oot	EU I. C		
"Flight Crewmember 1" w		_		Check Pilot	Orngi	nt Engineer	O Other	Flight Crew		
"Flight Crewmember 1" Id						.				
First Name: Jason					City of Re	sidence: F	ort Mvers			
Middle Initial: P					State: FL		=	ZIP: 33 912	•	
Last Name: Pelland					Country:	0-4		. <u></u>		
Age at time o	f Accident/Inciden	nt: 37	Date of B		сошиу.		m/dd/yyyy			
		C	- ertificate Num	ber:						
Degree of Injury	Seat Occupio	ed	•	Res	straint Ty	pe]	Inflatable I	Restraints
None	● Left ● Right	O Front O Rear	O Unknov	wn	Available	e	Used			
O Serious	O Center	O Kear O Single		İ	O None O Lap o		O None O Lap oni	, l	□ Not Ins ☑ Installe	
Pilot Certificate(s) (Check a	ill that apply)				⊙ 3-poi	nt	⊙ 3-роілі	'	☐ Not De	ployed
		ommercial	□ US M		O 4-poir O 5-poir		O 4-point O 5-point		□ Deploy □ Unknov	
☑ Private ☐ Recrea		Airtine Transp Tight Enginee		n	O Unkn		O Unknov	vn	_ cinale	***
Principal Occupation	Medical Certifica	ate		Me	dical Cer	tificate Va	lidity		Date of Las	t Medical
O Pilot	_	Class 3				nitations/wai		nknown	40/04/00	46
Other Unknown		Driver's Lice Unknown	nse (Sport Pilot		With limita Special Issi	tions/waiver sance	s ON	/A	_10/04/20 mm/dd/y	
Medical Certificate Limita					-					
N/A										
Medical Certificate Special	Iccuonce									
N/A	1 15SUAIICE									
1										
Date of Last Flight Review		Fligh	t Review Aire	raft			.	<u> </u>		
or Equivalent, Including FAR 121/135 Checks:	11/30/16	Make:	Continental	Motors						
FAR 121/135 Unecks:	11/30/10 mm/dd/33yy	1	: IO-550G6							
Airplane Rating(s)	Other Aircraft	Rating(s)	Instrum	ent Rating(s	i)	Instructo	r Rating(s)			
(Check all that apply)	(Check all that ap	oply)	. `	l that apply)		(Check all				
□ None☑ Single-Engine Land	☑ None ☐ Airship		☑ None ☐ Airpla	ne		☑ None ☐ Aimlan	e Single-Eng		Instrument. Instrument	
☐ Single-Engine Sea	■ Balloon		☐ Helico	pter		☐ Airplan	e Multi-Engir	ne 🗀	Helicopter	reneopter
☐ Multiengine Land☐ Multiengine Sea	☐ Glider ☐ Gyroplane		☐ Power	ed Lift		Gyropia			Glider Sport	
	Helicopter					- Toweler	G EIII	-	Sport	
Type Ratings	☐ Powered Lift					Student F	ndorsemer	its (Include o	datest	
Single-Engine Land							n Endorsem		autes/	
dinglo Lighto Laite						TO KING O	.,,,,	OIR ICE LIFE		
			Airplane		1				·	Ι
Flight Time (Enter appropriate number of hours in each box)	de All Aircraft	This Make & Model	Single Engine	Airplane Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	119	4	119		 	- 			<u> </u>	
Pilot in Command (PIC)	754° 0	.0.	- 54` 0		 				ļ	
Time as Instructor This Make/Model	· ·	U	U I		1	 			l	
Last 90 Days	27	4	27			+				
Last 30 Days	7	.4	7			1				
Last 24 Hours	0	0	0		1	1	<u> </u>		1	

"Flight Crewmember 2" R			ON f Accident/In		egrádií tyř	Military our	· · · · · · · · · · · · · · · · · · ·		44.577	
OPilot OCo-Pilot	O Student Pilot	t © Flight	Instructor (Check Pilot	OFligh	t Engineer	O Other	Flight Crew		
"Flight Crewmember 2" w		☐ Yes [Z No			····	,			
"Flight Crewmember 2" Io	lentification									
First Name: Rhonda				c	ity of Res	idence: Ca	ape Coral			
Middle Initial: L				S	ate: FL		2	ZIP: <u>33914</u>		
Last Name: <u>Culmer</u>			,	C	ountry: 🔟	JSA				
Age at time of	Accident/Incide	nt: <u>42</u>	Date of B	irth:		mi	n dd yyyy			
		C	ertificate Num	ber:					··	
Degree of Injury	Seat Occup	_			traint Ty	pe		[]	Inflatable F	Restraints
None O Fatal Minor O Unknown Serious	O Left O Right O Center	OFront ORear OSingle	O Unkno	wn i	Available Used O None O None I Not Installed Lap only O Lap only Installed					
Pilot Certificate(s) (Check of	ill that apply)				3-poin	t	3-point		☐ Installed ☐ Not Dep	
		Commercial	□ US M		O 4-poin O 5-poin		O 4-point O 5-point		☐ Deploye ☐ Unknov	
☐ Private ☐ Recre ☐ Student ☐ Sport		Airline Trans		ţn	O Unkno		O Unknov		LI ORKIOV	VII
			-							
Principal Occupation	Medical Certifi			1		ificate Va	-		Date of Las	t Medical
O Pilot O Other	-	O Class 3	ense (Sport Pilot			itations/wai ions/waiver		Jnknown	09/01/20	12
O Unknown	-	O Unknown	ense (opon ruot		pecial Issu		s O iv	"A	mm/dd/yy	
Medical Certificate Limita	tions									
must wear corrective lenses										
Medical Certificate Special	Issuance									
	1100000									
none										
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none Date of Last Flight Review		Fligh	t Review Aire	eraft	<u> </u>					
none	12/22/2016		t Review Airo	eraft						
none Date of Last Flight Review or Equivalent, Including		Make		eraft						
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s)	12/22/2016 mm/dd/yyy Other Aircra	Make Mode ft Rating(s)	: Cessna I: 172	ent Rating(s)		nstructor	Rating(s)			
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply)	12/22/2016 mm/dd/yyy Other Aircra (Check all that d	Make Mode ft Rating(s)	: Cessna I: 172 Instrum (Check ali			Check all th				
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s)	12/22/2016 mm/dd/yyy Other Aircra	Make Mode ft Rating(s)	: Cessna I: 172 Instrum (Check ala	ent Rating(s) I that apply)	(Check all th None	nat apply)	ae	Instrument A	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea	12/22/2016 mm/dd/yyy' Other Aircra (Check all that all None Airship Balloon	Make Mode ft Rating(s)	: Cessna I: 172 Instrum (Check ali	ent Rating(s) I that apply) ne	1	Check all the None Airplane Airplane	nat apply) Single-Engir Multi-Engine	ne 🔲	Instrument H Helicopter	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land	12/22/2016 mm/dd/yyyy Other Aircra (Check all that a None Airship Balloon Glider	Make Mode ft Rating(s)	: Cessna I: 172 Instrum (Check ali None Airpla	ent Rating(s) I that apply) ne		Check all the None Airplane Airplane Gyroplan	oat apply) Single-Engir Multi-Engine	ne 🔲	Instrument H Helicopter Glider	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	12/22/2016 mm/dd/yyyy Other Aircra (Check all that decent al	Make Mode ft Rating(s)	: Cessna I: 172 Instrum (Check ali	ent Rating(s) I that apply) ne		Check all the None Airplane Airplane	oat apply) Single-Engir Multi-Engine	ne 🔲	Instrument H Helicopter	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	12/22/2016 mm/dd/yyyy Other Aircra (Check all that decent all the properties of th	Make Mode ft Rating(s)	: Cessna I: 172 Instrum (Check ali	ent Rating(s) I that apply) ne		Check all the None Airplane Airplane Gyroplan Powered	nat apply) Single-Engin Multi-Engine Lift	ne	Instrument H Helicopter Glider Sport	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Sea Type Ratings	12/22/2016 mm/dd/yyyy Other Aircra (Check all that decent al	Make Mode ft Rating(s)	: Cessna I: 172 Instrum (Check ali	ent Rating(s) I that apply) ne		Check all the None Airplane Airplane Gyroplan Powered	nat apply) Single-Engin Multi-Engine Lift	ne 🔲	Instrument H Helicopter Glider Sport	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	12/22/2016 mm/dd/yyyy Other Aircra (Check all that decent al	Make Mode ft Rating(s)	: Cessna I: 172 Instrum (Check ali	ent Rating(s) I that apply) ne		Check all the None Airplane Airplane Gyroplan Powered	nat apply) Single-Engin Multi-Engine Lift	ne	Instrument H Helicopter Glider Sport	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Sea Type Ratings	12/22/2016 mm/dd/yyyy Other Aircra (Check all that decent al	Make Mode ft Rating(s)	: Cessna I: 172 Instrum (Check ali	ent Rating(s) I that apply) ne		Check all the None None Airplane Airplane Gyroplar Powered	nat apply) Single-Engin Multi-Engine Lift	ne	Instrument H Helicopter Glider Sport	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Sea Type Ratings	12/22/2016 mm/dd/yyyy Other Aircra (Check all that decent al	Make Mode ft Rating(s)	: Cessna I: 172 Instrum (Check ali	ent Rating(s) I that apply) ne		Check all the None None Airplane Airplane Gyroplar Powered	nat apply) Single-Engin Multi-Engine Lift	ne	Instrument H Helicopter Glider Sport	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Sea Type Ratings	12/22/2016 mm/dd/yyyy Other Aircra (Check all that decent al	Make Mode ft Rating(s)	: Cessna I: 172 Instrum (Check ali None I Airpla Helico Power	ent Rating(s) I that apply) ne		Check all the None None Airplane Airplane Gyroplar Powered	nat apply) Single-Engin Multi-Engine Lift	ne	Instrument H Helicopter Glider Sport	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Land Multiengine Sea Type Ratings none Flight Time (Enter appropria	12/22/2016 mm/dd/yyy' Other Aircra (Check all that all	Make Mode ft Rating(s)	: Cessna I: 172 Instrum (Check ah None Airpla Power	ent Rating(s) I that apply) ne opter ed Lift		Check all the None None Airplane Airplane Gyroplan Powered Student Er	nat apply) Single-Engin Multi-Engine Lift	ne	Instrument H Helicopter Glider Sport	elicopter
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings none Flight Time (Enter appropriat number of hours in each box)	12/22/2016 mm dd/yyyy Other Aircra (Check all that decent al	Make Mode ft Rating(s)	: Cessna I: 172 Instrum (Check ali None I Airpla Helico Power	ent Rating(s) I that apply) ne		Check all the None None Airplane Airplane Gyroplan Powered Student Er	Single-Engir Multi-Engine Multi-Engine Lift	ne	Instrument H Helicopter Glider Sport	
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Tope Ratings Tope Ratings Tope Ratings	12/22/2016 mm.dd/yyyy Other Aircra (Check all that a None Airship Balloon Glider Gyroplane Helicopter Powered Lif	Make Model ft Rating(s) apply) This Make & Model 200	E Cessna E 172 Instrum (Check ali None I Airpla Power Airplanc Single Engine 6,750	ent Rating(s) I that apply) ne opter ed Lift Airplane		Check all the None None Airplane Airplane Gyroplan Powered Student Er	Single-Engire Multi-Engire Lift adorsement	ts (Include do	Instrument H Helicopter Glider Sport ates)	elicopter
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Tope Ratings Total Time Pilot in Command (PIC)	12/22/2016 mm/dd/yyyy Other Aircra (Check all that all hone Airship Bailoon Glider Gyroplane Helicopter Powered Lift 1e All Aircraft 7,000 6,500	Make Mode ft Rating(s) supply) This Make & Model 200 200	E. Cessna E. 172 Instrum (Check ali None Airplan Power Airplane Single Engine 6,750 6,300	ent Rating(s) (that apply) ne pter ed Lift Airplane Multiengine 250	Night 300	Check all the None None Airplane Airplane Gyroplan Powered Student Errone Instruction 200 175	Single-Engine Multi-Engine Lift ndorsement Simulated 500 450	Rotorcraft 0 0 0 0	Instrument H Helicopter Glider Sport Glider Glider O O	Lighter Than Air O
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Land Multiengine Sea Type Ratings Type Ratings Total Time Pilot in Command (PIC) Time as Instructor	12/22/2016 mm.dd/yyyy Other Aircra (Check all that a None Airship Balloon Glider Gyroplane Helicopter Powered Lif	Make Model ft Rating(s) apply) This Make & Model 200	E Cessna E 172 Instrum (Check ali None I Airpla Power Airplanc Single Engine 6,750	ent Rating(s) I that apply) ne pter ed Lift Airplane Multiengine	Night 300 -297 -250	Check all the None None Airplane Airplane Gyroplan Powered Student Erone Instruction 175 150	Single-Engine Multi-Engine Lift adorsement simulated 500 450	Rotorcraft	Instrument H Helicopter Glider Sport ties) Glider Glider	Lighter Than Air
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Sea Multiengine Sea Type Ratings Type Ratings Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	12/22/2016 mm/dd/yyy' Other Aircra (Check all that all	This Make & Model 200 200	: Cessna I: 172 Instrum (Check al. None Airplane Power Single Engine 6,750 6,300 3,000	ent Rating(s) (that apply) ne opter ed Lift Airplane Multiengine 250 700	Night 300 297 250 5	Check all the None None Airplane Airplane Gyroplan Powered Student Errone Instruction 175	Single-Engine Multi-Engine Lift Tument Simulated 500 450 400	Rotorcraft 0 0 0	Glider Glider O O O	Lighter Than Air 0
Date of Last Flight Review or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Land Multiengine Land Multiengine Sea Type Ratings Type Ratings Total Time Pilot in Command (PIC) Time as Instructor	12/22/2016 mm/dd/yyyy Other Aircra (Check all that all hone Airship Bailoon Glider Gyroplane Helicopter Powered Lift 1e All Aircraft 7,000 6,500	Make Mode ft Rating(s) supply) This Make & Model 200 200	E. Cessna E. 172 Instrum (Check ali None Airplan Power Airplane Single Engine 6,750 6,300	ent Rating(s) (that apply) ne pter ed Lift Airplane Multiengine 250	Night 300 -297 -250	Check all the None None Airplane Airplane Gyroplan Powered Student Erone Instruction 175 150	Single-Engine Multi-Engine Lift adorsement simulated 500 450	Rotorcraft 0 0 0 0	Instrument H Helicopter Glider Sport Glider Glider O O	Lighter Than Air O

Crew Name and Address				xclush	ve of cabin c	*	e the followin	<u>a information</u>		
Middle Initial Last Name Country Country Pilot Certificate(s) Check all that apply) Country Pilot Certificate(s) Check all that apply Pilot Restraint Type Country Commercial U.S. Military Available O. None O. Application O. None O. O. None	Crew Name and Add	ress						Seat Occupi	ed	Injury
Some Country	First Name:		City o	f Resid	ence:					=
Last Name Country Co	Middle Initial:		State:			ZIP:			O Single	
Pilot Certificate(s) Check all that apply	Last Name:		Count	ry:			-		O Unknown	
None	Pilot Certificate(s) (6	Theck all that apply)						Restraint Ty	pe:	
Direct Recreational Distribution Distributi	I _		□ Comm	nercial		Military		Available	Used	
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No of this Accident/Incident Nor Of this Nor O	☐ Private	☐ Recreational	🗖 Airlin	ne Trans	sport 🗖 Fo			_		
Type Rating/Endorsement for Accident/Incident Aircraft? Ves No of this Accident/Incident: Nors Othnown Oth	☐ Student	☐ Sport	☐ Flight	t Engine	eer			O 3-point	O 3-point	
Accident/Incident Aircraft? Ves No of this Accident/Incident: Nrs OUnknown	Type Rating/Endorse	ement for	1	Total F	Flight Time a	t the Time				Deployed
First Name City of Residence ZIP OLeft Ocenter Origin State ZIP Oleft One Country Origin Oleft One Oleft Origin Oleft O	Accident/Incident Ai	reraft?	1		_		hrs	O Unknown	O Unknown	☐ Unknown
First Name City of Residence ZiP OLeft Ocenter Origin Oleft Ocenter Oce			- C	:						
Middle Imitial State ZIP Ocenter Origin Origi					· ·····					
Last Name Country Check all that apply			_ '							
Pilot Certificate(s) (Check all that apply)										_
None	Last Name.		Counti	гу:					Conknown	Ξ
Pright Instructor Country Plight Engineer Poreign Smillary Content Country Content Country Content Country Content Country Content Country Content Country Count	Pilot Certificate(s) (C	heck all that apply)		***					- 1	Inflatable
Private Sport Sport Fight Engineer Sudent Sport Sport Fight Engineer Sudent Sport										Restraints
Type Rating/Endorsement for Total Flight Time at the Time Ospoint Ospo					. <u> </u>	reign		O Lap Only	O Lap Only	
Type Rating/Endorsement for Accident/Incident Aircraft? Yes No of this Accident/Incident: hrs Os-point Os-point			- Ingile	Engine				-		
PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary) Name and Address			1							Deployed
Name and Address										Unknown
Seat Injury Restraint Type Restraints Age										
Middle Initial: State: ZIP. OLeft Ochere Okinor Oserous Oserous Olaponty Ochere Ochere Okinor Oserous Orkinor Ochere Ochere Okinor Oserous Oserous Oserous Oserous Olaponty Olaponty Oserous Oserous Oserous Olaponty Olaponty Oserous Oserou		OTHER REAGO	INNEL (In	clude d	cabin crew; o	ontinue on s	eparate shee	t if necessary)		
Middle Initial: Last Name: Country: OCrew OPassenger OOther OCrew OOther OOther OCrew OPassenger OOther OCrew OOther OOther OCrew OOther O		OTHER PERSO	INNEL (In	clude (Restraint T		Inflatable	Age
Country	Name and Address				Seat	Injury	Restraint T	ype Used	Inflatable Restraints	
OCrew OPassenger OOther Row. OUnknown Obspoint OUnknown O	Name and Address First Name:	City :			Seat OLeft	Injury	Restraint T Available ONone OLap Only	ype Used O None O Lap Only	Inflatable Restraints Not Installed Installed	☐ Under 5 years
First Name: City: Other Row: Othe	Name and Address First Name: Middle Initial:	City :	ZIP:	_	Seat OLeft OCenter ORight	ONone OMinor OSerious	Restraint T Available O None O Lap Only O 3-point	Used O None O Lap Only O 3-point	Inflatable Restraints Not Installed Installed Not Deployed	☐ Under 5 years If Under 5.
Middle Initial: State: ZIP: OLeft Ocenter ORight OLap Only Oserious OLap Only Oserious OLap Only Oserious Oserious Olap Only Ola	Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Restraint T Available O None O Lap Only O 3-point O 4-point	Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed	☐ Under 5 years If Under 5. ○ Child Restraint
Middle Initial: State: ZIP: OCenter ORight OCrew OPassenger OOther OCenter ORight OUnknown OUnknown OCrew OPassenger OOther OCenter ORight OUnknown OUnknown OCrew OPassenger OOther OCenter ORight OUnknown OUnknown OCrew OPassenger OCenter ORight OUnknown OCrew OPassenger OOther OCenter ORight OUnknown OUnknown OCenter ORight OCenter ORight OCenter ORight OCenter ORight OCenter ORight OUnknown OUnknown OCrew OPassenger OOther OCenter ORight OCenter ORight OCenter ORight OUnknown OCrew OPassenger OOther OCenter ORight OCenter ORight OCenter ORight OCenter ORight OUnknown OCrew OPassenger OOther OCenter ORight OCHANOWN OCH	Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Vype Used ONone OLap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown	☐ Under 5 years If Under 5. ○ Child Restraint ○ Lap-Held
Country	Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP:		OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available	Used ONone OLap Only O3-point O4-point O5-point O Unknown	Inflatable Restraints Not installed Installed Not Deployed Deployed Unknown	Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown
OCrew OPassenger OOther Row: OUnknown O	Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : State: Country: OPassenger City :	ZIP:		OLeft OCenter ORight OUnknown Row: OLeft OCenter	O None O Minor O Serious O Fatal O Unknown	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only	Vype Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only	Inflatable Restraints Not installed Installed Not Deployed Deployed Unknown Not Installed	Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown
First Name: City: OLeft ONone Middle Initial: State: ZIP: OCenter ORight OCrew OPassenger OOther Row: OLeft OCenter Olimbrial: State: ZIP: OLeft ONone OLap Only Olimbrial: OCenter ORight OLap Only Olimbrial: Olimbrial: OCenter Olimbrial: OCenter Olimbrial: State: ZIP: OCenter ORight OCenter Olimbrial: OCENTE OLimbrial: OCENTE OLIMbrial: OCENTE OLIMBRIA OLIMBRIA OLIMBRIA OLIMBRIA OLIMBRIA OLIMBRIA OLIMBRIA OLI	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: Country: OPassenger City : State:	ZIP:O Other		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown Available O None O Lap Only O 3-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	Inflatable Restraints Not installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed	☐ Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5.
Middle Initial: Last Name: Country: OCenter ORight OCenter OCrew OPassenger OOther OCenter ORight OUnknown Row: OUnknown OCenter ORight OSerious OUnknown OUnknown OUnknown OUnknown OCenter OOther ONone OMinor OSerious OFatal OUnknown OUnknown OUnknown OUnknown OUnknown OCenter OCenter ORight ONone ONone ONone ONone OLap Only O	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City: State: Country: OPassenger City: State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Deployed Deployed Deployed Deployed	Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held
Last Name: Country: ORight OSerious OS-point OS-	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City: State: Country: OPassenger City: State: Country: OPassenger	ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T 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 O4-point O5-point O4-point O5-point OUnknown Available	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 O 5-point O Unknown	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Installed Not Deployed Deployed Deployed Deployed Deployed	Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held
OCrew OPassenger OOther OUnknown Row: OFatal OUnknown OUnknown OUnknown OUnknown OUnknown OUnknown OUnknown OLap-Held OUnknown OLap-Held OUnknown ONone ONone OLap Only OLap Only OLap Only OLap Only Ounknown OCrew OPassenger OOther Row: OUnknown OCrew OPassenger OOther Row: OUnknown OUnknown OUnknown OUnknown OFatal Ounknown OUnknown OUnknown OS-point OS-point ONOne ONOne OUnknown OUnknown OLap Only OLap Only OLap Only OLap Only OLap Only OLap Only OUnknown OFatal OUnknown OUnknown OChild Restraint OLap-Held OUnknown OCHILD OUNKNOWN O	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: Country: Country: OPassenger	ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OM-point O5-point OUnknown Available ONone	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 O Unknown Used O None	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Not Deployed Unknown	Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Middle Initial: State: ZIP: OLeft ONone OLap Only Olap Onl	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Middle Initial:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: State: State:	ZIP:O Other	r 	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T 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	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown	☐ Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown
Middle Initial: State: ZIP: OCenter ORight OCenter ORight OUnknown OCenter OUnknown OCenter ORight OUnknown OCenter OUnknown OCenter ORight OCenter ORight OCenter ORight OCenter ORight OCenter ORight OCenter OCenter ORight OCenter OCenter OCenter OCenter OCenter OCenter OCenter OCenter OCenter OCENTE OCE	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Last Name: Last Name: Last Name: Middle Initial: Last Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: Country: Country: Country: Country:	ZIP:O Other		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown OUnknown	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O5-point O5-point	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point O5-point O5-point O4-point O5-point	Inflatable Restraints Not Installed Installed Not Deployed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Unknown	☐ Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
Last Name Country: ORight OSerious O4-point O4-point O5-point O5-p	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: OCrew	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger	ZIP:O Other	r 	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Amage: A compared to the compar	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point OUnknown	Used ONone OLap Only O3-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed Unknown Not Deployed Unknown Not Deployed Unknown Not Deployed Unknown Unknown	☐ Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
OCrew OPassenger OOther Row: OUnknown OF attal OUnknown O5-point O5-point O5-point O5-point OLlaborate OLlabor	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: Country: OPassenger City: Country: OPassenger	ZIP:O Other		Seat OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O S-point OUnknown Available ONone OLap Only O3-point O4-point O S-point OUnknown Available ONone OLap Only O3-point O4-point OS-point OUnknown Available ONone OLap Only O3-point O4-point OS-point O5-point OM-point OS-point OUnknown Available ONone	Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point OUnknown Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown Used ONone	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed Unknown Not Deployed Unknown Not Deployed Unknown Not Deployed Unknown Unknown	Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown
	Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name: OCrew First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: State: Country: State: State: Country: State: State: Country:	ZIP:O Other ZIP:O Other		Seat OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal OUnknown Restraint T 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 O4-point O5-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point OJap Only O3-point	Used ONone OLap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O1-point O4-point O5-point O5-point O4-point O5-point O5-point O4-point O5-point	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Not Deployed Installed Not Deployed Unknown	Under 5 years If Under 5. O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown Under 5 years Under 5, O Child Restraint O Lap-Held O Unknown	

FLIGHT ITINERARY	INFORMATIO	N					
Last Departure Point		e of Departure		on	· · · · · · · · · · · · · · · · · · ·	Type Fligh	bt Plan Filed
Airport ID: KFMY		ining itself	Airport ID:	KVNC		None	O VFR/IFR
City: Fort Myers	Time	: <u>'9:00 'AM</u>	City: Ven			O Company	
State: 1	Time	Zone: Eastern				O Military O VFR	VFR O Unknown
Country: Lee			Country: C			_	OYes ONo OUnknow
Type of ATC Clearance/Se			Country. C	7110110110			<u> </u>
☑ None □	Special VFR IFR	□ Spe	ecial IFR R On Top		☐ VFR Flight Foll☐ Traffic Advisory		☐ Cruise ☐ Unknown / NA
Airspace where the accide	nt/incident occurre	(Check all that	apply)				Altitude of In Clicks
Class A Class B	□ Class G □ Demo Area	□ Mil □ Air	itary Operations port Advisory A		☐Special ☐Air Traffic Cont	rol Area	Altitude of In-Flight Occurrence:
	☐ Warning Area ☐ Prohibited Area	∐ Jet □ TR:	Training Area		□Unknown		N/A ft msl
	Restricted Area	FAI					
WEATHER INFORM	ATION AT THE	ACCIDEN'	T/INCIDEN	T SITE			
Source of Pilot Weather In					servation Facility		
(Check all that apply)				Facility ID:			
☑ National Weather Service ☐ Flight Service Station	☐ Com ☐ Mili				ime:		
TV/Radio	☐ Inter						
Automated Report	☐ Non						
☐ Commercial Weather Service	e (DUATS) 🔲 Unk	nown			Accident Site:		
On-Board Weather				Direction from	Accident Site:		degrees true
Basic Conditions		Light Conditi				,	
◎ VMC ○ IMC		ODawn ⊙Day	ODusk ONight		k Night OUr ght Night	ıknown	
O Unknown		G Day	ONIgnt	CBit	giit ivigiit		
Sky/Lowest Cloud Conditi	on	Ceiling		·····	Tomponotuna		(C) or (F)
O Clear	O Thin Broken	O None (Clear)	. 0	Obscured	Temperature:		(C) or(F)
O Few	O Thin Overcast	Broken		Indefinite	Dew Point: _	(0	C) or(F)
O Partial Obscuration	O Unknown	O Overcast	0	Unknown	Altimeter Sett	ina	in Ha
⊙ Scattered		C 111			Antaleter Sett	or	
Lowest Cloud Condition I	-	Ceiling Heigh	ıt				
3,000	ft agl	5,000		ft agl			
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles
☐ Variable	☐ Calm		■ Not Gustin	ng	RVR	:	
	Light and Varia	ible			1		
-0r- 375/A	-or-		-0r-			:	
Direction: 100 degrees true		kts	Speed: 15	kts	Density Altitu		ft
Intensity of Precipitation	Type of Precipit	ation <i>(Check all t</i>	that apply)		1	•	Check all that apply)
OLight	None	Drizzle	Freezin		☑ None		Fog
O Moderate O Heavy	□ Rain □ Snow	☐ Ice Pellets ☐ Snow Pellet	Snow S	hower ets Shower	☐ Blowing Du☐ Blowing Sa		Ground Fog Haze
Oneavy On/A	☐ Hail	Snow Grain			☐ Blowing Sn		Ice Fog
OUnknown	☐ Rain Showers	☐ Ice Crystals			☐ Blowing Sp	•	Smoke
7. 5					Dust	<u> </u>	Unknown
Icing Forecast Amount Type		Icing Actual Amount	Туре		Turbulence Type (Check a	II that annh.)	Severity
O None O N/A		● None	ON/A		None	ii inai appiy)	Light
O Trace O Rime		O Trace	O Rime	:	🗹 Clear Air		■Moderate
O Light O Clear		O Light	O Clear		Terrain-Indi		Severe
O Moderate O Mixed O Severe O Unkno		O Moderate O Severe	O Mixe O Unkr		Convective	i urbulence	■ Extreme
O Severe O Unkno O Unknown	iwi.	OUnknown	Unki	iv W U			
	1177			48 42 5	<u> </u>	•	
NOTAMs (D and FDC),	AIRMETS, SIGN	1ETs, PIREP:	s in effect at	the time of t	he accident/inci	ient:	
NONE							

DAMAGE	TO AIRCRAFT A	ND OTHER DO	NEEDTV		
Aircraft Dan		Aircraft Fire	JPERIT CONTRACTOR	A Second Section 1	te properties de la propertie de la propertie s de la properties de la pr
O None O Minor	Substantial Destroyed Unknown	O None O In-Flight O On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	Aircraft Explosion None In-Flight On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown
Description of	of Damage to Aircraft a	nd Other Property	Use additional sheet if necessary)		
	gear damage and no p		3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
A 100 Others, 4	heren amissielle word une fu	opaly canage.			
NARRATIV	E HISTORY OF FLI	GHT (Please type or	print in ink)		
Describe wh	at occurred in chronolo	gical order, including	circumstances leading to and nat	ure of accident/incide	nt. Describe terrain and include
destination. F	tribution sketch if pertin- Provide as much detail as	ent. Attach extra sheet possible.	ts if needed. State departure time and	f and location, services	s obtained, and intended
		•	power book to play the law. A.	tenen adiata and a	
which neithe	r myself or the instruct	or could stop the pla	power back to slow the lane. An	immediate and unco t. Get it on the grass	entrollable pull to the left and skidded into a ditch and
experienced	a prop strike.			· ·	į
					<u>.</u>

RECOMMENDATION (How could the	is accident/incident hav	ve been prevented?)			
Operator/Owner Safety Recommendation					
unsure					
MECHANICAL MALFUNCTION	N/FAIL LIRE (It more	enace le nacdad e	antinua an cans	rote cheet)	
Was there Mechanical Malfunction/Fail (If yes, list the name of the part, manufacturer,	lure? Yes No	en e	Author Att ad ba	Charles Action A to the Control	Total Time/Cycles On Part
		•			987 Hours
					Cycles
					Time Since This Part Inspected/Overbauled
					1
					Hours
FUEL & SERVICES INFORMA	TION			141	
Fuel on Board at Last Takeoff	Fuel Type		ungang samu dan dan merupi	and the second s	and the Mark of the participation of the Mark of the M
(Convert from pounds. as necessary)	○ 80/87 100 Low Lead	O 115/145 O Jet A	O Jet B O JP8	O Other, specify	
50 Gallons	O 100/130	O Jet A-I	O Automotive		
Other Services, if Any, Prior to Departu	ıre	,			
mone:					
EVACUATION OF AIRCRAFT			ya ngungiliki igi tekno	en et en en en en en en	
Was an emergency evacuation of the air	reraft performed?	☐ Yes ☑ No			
Method of Exit - Describe how the occup	pants exited and how man	ny occupants evacuat	ed each location		
Exited through right passenger door.					
OTHER AIRCRAFT - COLLISI	ON (If air or ground c	ollision occurred, c	emplete this sec		
1	acturer:				nage to Other Aircraft Destroyed
Model:				S	Substantial None
Registered Owner of Other Aircraft		Pilot of	Other Aircraft	t	
Name:	 	Name:			
City: ZIP:		State: _		ZIP:	
Country:		Countr	/;		

ADDITIONAL INF	ORMATI	ON (Please type or print in lnk)		o de la composição de l	
	•	e is needed for any answers.			
I HEREBY CERTIF	Y THAT T	E ABOVE INFORMATION IS COMPLI	ETE AND ACCL	JRATE TO THE BEST OF I	MY KNOWLEDGE
Date of this Report08/08/2017	Name of	Pilet/Operator: <u>Jason Pelland</u>		Tanana a sa	
mm/dd/ysyy	- or -	Check here to electronically sign this	document		
Name: Rhonda	Cuimer	erator is Filing Report		Title: Certified Flight.	instructor
		electronically sign this document			
		FOR NTSB			
NTSB Accident/IncidERA17LA128	ient No.	Reviewed by NTSB Regional Office ERA	Name of Invest D. Boggs	igator	Date Report Received 8/10/17