	#-												
	NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents												
BASI	C INFORMA	TION	The second						See Minne	1977.44.5			
Accident/Incident Location Nearest City/Place: Auchovase State: AK ZIP: 9503 Country: USA Latitude: 160, 95649 Longitude: 10 151, 63875							Accident/Incident Date/Time Date: 08/17/2012 Local Time: 12'.00014 mm/dd/yyyy						
(Enter in decimal degrees or degrees:minutes:seconds)							С	ollision with	Other Ai	rcraft: C	🔿 Midair	OOn-grou	nd <del>O None</del>
AIRC	RAFT INFO	RMATIO	N										
Registi Manuf	ation Number: acturer: P	N767	8D				☐ IFR-Equipped and Certified ☐ Commercial Space Flight ☐ Unmanned Aircraft						
Model:	PAB	1	0				N	Aaximum Gr	oss Weig	nt: 17	50	lbs	
Serial	Number: 18	-590					v	Veight at Tin	ne of Acci	dent/Inci	dent: 15	533	lbs
Year o	f Manufacture:	957	£					umber of Se					1
	ur-Built: OYes		OKit/Plans Ma	ke:			I .	abin Crew Sea	1				
	ONo		Original Design					umber of Er		r		÷	
Category of AircraftType of Airworthiness C (Check all that apply)O BalloonStandardO Blimp/DirigibleStandardO GliderAerobaticO GyroplaneBalloonO HelicopterCommuterO RocketUtilityO UltralightExperiO UnknownDertificate of Authorization				cted ed Tricycle ional Amphibiar al Flight Emergency imental Float al Light-Sport Hull imental Light-Sport			at a Ret an cy F	ear     Engine Type (Select one)       at apply)     Retractable       Retractable     O Reciprocating       Prailwheel     O Turbo Shaft       Im     High Skid       typ Float     Ski       Ski     Ski/Wheel       unch/Recovery System     O Carburetor       Im     Unknown			O Liqu O Solid O Hyb O Non O Unk e (Reciprocata O Fuel	nown	
E.	р. у. <b>и</b> . с		Engine	Manufacturer's Serial Number BAB 2-11054-3				Date of Mfg.	O lbs of	power or	Total Time (hours)	Inspection	Overhaul
Engine Eng. 1	Engine Manufa Tertrov L	SCOV414	Model/Series				A	mm dd yyyy	160	Infust	(nours) 9301	(hours) 38	(hours) 1487
Eng. 2	REFIGUE	70013	0.000	000 610013					100		1.S-1	0.0	1.107
Eng. 3													
Eng. 4						~	/	-					
Last I	nspection Type			Propell	ler 1	OFixed P					Diash		
O100-H		tinuous Airwo	orthiness		OControllable Pitch OGround Adjustable OGround Adjustable								
OAAH		ditional Inspe	ction		Manufacturer: McCauley Manufacturer:								
@Annu			12/2017	Model:	GM	3242	_/	/	Mod	el:			
Date L	ast Inspection:		NV NV	ELT In	stalled:	Oves O	No	6	10000000000000000000000000000000000000	CONTRACTOR OF A DESCRIPTION	ipment (	Check all tha	it apply)
Airfran	ne Total Time:	676	1hrs	If Yes:		Acr				DS-B frame Para	chute		
nou	a measured at (5	checi one)		ELT Ma	anufactur r Part No	er: <u>ACK</u>	-	1	□An	gle of Atta	ck Indicate	or	
	ast Inspection	Constant and the second second	ccident/Incident			(121.5 MHz)		91a (121.5 MH		topilot ta Recorde			
	Maintenance I	Program (Se	elect one)		OC126	6 (406 MHz)		1	Ele	etronic Fli	ght Bag or	Handheld De	evice
Ø Annu	ial litional (Amateur-l	puilt only)		Was EL	T still mo	unted in aircra	aft?	Oyes ONo	1		ultifunction mary Fligh		
O Man	afacturer's Inspect	ion Program		Was EL Did EL I	Τ still cor Γ Activate	nected to anter	nna No	20Yes ONC		ndheld GP	S	n Display	
	r Approved Inspec inuous Airworthin		(AAIP)	If active						ads Up Dis			
	r, specify:					ocating Aircra	ft:	OYes ONo	□Sat		king Devic	e	
	otion of Fire Ex	tinguishing	System		ctivated:	Aler			□Sta	ll Warning	System		
Non	e ifv:			Indicate	Reason:	Fire Dama		ge		ieo Record ier, Specif	ling Device	K)	
1 Spec						Battery Ex		ed/Damaged			tooni.		
						Unknown							

OWNER/OPERATOR INFORM	ATION	an a			
Registered Aircraft Owner	. 1 1	City: Auchorge			
Name: William E	dridg				
Fractional Ownership Aircraft: O Yes	No	Country: OSA			
Operator of Aircraft	egistered Owner	Same Address as Registered Owner			
Name:		City:			
Doing Business As:		State: ZIP:			
Air Carrier/Operator Designator (4 Charact	er Code):	Country:			
<b>Operating Certificates Held</b> (Check all that apply)	Regulation Flight Conducted Un	nder Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)			
<ul> <li>None</li> <li>Flag Carrier Operating Certificate (FAR 121)</li> <li>Supplemental</li> <li>Air Cargo</li> </ul>	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 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)			
Commercial Space Transportation Experimental Permit Commercial Space Transportation License Other Operator of Large Aircraft		O Aerial ApplicationO FirefightingO UnknownO Aerial ObservationO Flight TestO Glider TowO Air DropO Glider TowO InstructionalO Air Race/ShowO InstructionalO Banner TowO Other Work UseO BusinessO PersonalO Executive/CorporateO Positioning			
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving O Ferry			
O Yes ONO	O Yes O No				
AIRPORT INFORMATION (Fill in	If accident/incident occurred on ap	proach, landing, takeoff, departure, or within 3 miles of an airport)			
Airport Name:		Distance From Airport Center:sm			
Airport Identifier:		Direction From Airport: degrees true			
Proximity to Airport: O Off Airport/Airstri	p OOn Airport/Airstrip ON/A	Airport Elevation:ft. msl			
Runway Information		Condition of Runway/Landing Surface (Check all that apply)			
Runway ID:      (L/R/C) Length:         Runway/Landing Surface       (Check all that	adam 🔲 Water al/Wood	Dry       Snow-Compacted       Water-Calm         Holes       Snow-Crusted       Water-Choppy         Ice Covered       Snow-Dry       Water-Glassy         Rough       Snow-Wet       Wet         Rubber Deposits       Soft       Soft         Slush-Covered       Vegetation       Unknown			
Approach/Departure Segment (Select one	)				
OTaxi OVFR Departure OTakeoff OIFR Departure Proc OInitial Climb	OOn Instrument Ap edure/Clearance OLanding	oproach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown			
IFR Approach (Check all that apply) □None		VFR Approach (Check all that apply)			
ADF/NDB     PAR       SDF     Sidestep       VOR/TVOR     IILS       VOR/DME     Localizer Only       TACAN     LOC-back course       RNAV	□MLS     □Practice       □LDA     □GPS       □ASR     □Visual       □Contact     □Circling	Traffic Pattern       Stop and Go         Straight-In       Touch and Go         Valley/Terrain Following       Simulated Forced Landing         Go Around       Forced Landing         Full Stop       Precautionary Landing         Unknown       Unknown			

"FLIGHT CREWMEM	BER 1" INF	ORMATI	ON							
"Flight Crewmember 1" Res ØPilot O Co-Pilot "Flight Crewmember 1" was	O Student Pilot	OFlight	Instructor C	<b>cident</b> O Check Pilot	O Fligh	nt Engineer	O Other	Flight Crew		
"Flight Crewmember 1",Ide										
First Name: Wille					City of Re	sidence:	And	10030		
Middle Initial:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				1	14-		710. 6	300	×
	tided									
	Last Name: $\underline{D} \ \underline{D} \ D$									
Age at time of	Accident/Incid		Certificate Nun			77 [- "	ani da yyyy			
Degree of Injury	Seat Occup	pied	_	Re	straint Ty	pe		1	Inflatable I	Restraints
None O Fatal     Minor O Unknown	O Left O Right	O Front O Rear	O Unknov	wn	Available O None	e	Used O None		-Not Ins	talled
O Serious	O Center	O Single			O Lap o		OLap onl	y	🗖 Installe	d
Pilot Certificate(s) (Check all			0.02		O 3-poir O 4-poir		O 3-point O 4-point		□ Not De □ Deploy	
None     Flight In       Private     Recreation       Student     Sport	ional 🛛	Commercial Airline Transp Flight Engine		101 (101 (101 (101 (101 (101 (101 (101	O 5-poir O Unkno	nt	O 5-point O Unknow	vn	Unknov	
Principal Occupation N	Aedical Certifi	icate		Me	edical Cer	tificate Va	lidity		Date of Las	st Medical
		Class 3				nitations/wai		nknown	ale	Inv
	77-1 S	ODriver's Lice	ense (Sport Pilot		With limita Special Issu	tions/waiver	s ON	/A	mbu/dd/	WWV KO
Medical Certificate Limitati	ons							I		
lin	Wedical Certificate Limitations Wear exploses - corrective lorgs									
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		04-0	0 0		10-	c I				
Medical Certificate Special I	lssuance									
Date of Last Flight Review or Equivalent, Including	astel	Fligh	t Review Airo							
FAR 121/135 Checks:	onop	O/ Make	-08							
	mm/dd/yyyy	Mode	4:	5-13						
Airplane Rating(s)	Other Aircra	A CONTRACTOR OF		ent Rating(s	s)		r Rating(s)			
(Check all that apply)	(Check all that	арріу)	I None	Hhat apply)		(Check all	инат арргу)	Г	Instrument	Airplane
Single-Engine Land	Airship		🗖 Airpla			Airplan	e Single-Eng	ine 🗖	Instrument	
<ul> <li>Single-Engine Sea</li> <li>Multiengine Land</li> </ul>	☐ Balloon ☐ Glider		Helico Power			Gyropla	e Multi-Engi		Helicopter Glider	
☐ Multiengine Sea	Gyroplane		L Power	eu Lin		D Powere			Sport	
	<ul> <li>Helicopter</li> <li>Powered Lif</li> </ul>	e.								
Type Ratings	Powered Li					Student H	Indorseme	nts (Include o S Solo	dates) L	
2.2.2									619710	f
						SKIIS	2/15/	89 Prac	stice   pr	queve
						Selo	A/31/9	20	april	1
						solo	5/16/9	3	noge	4
	1		Airplane	I		solo	911(0)			
Flight Time (Enter appropriate		This Make	Single	Airplane	N		rument	Pataman	CEL	Lighter Then Air
number of hours in each box)	Aircraft	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time Pilot in Command (PIC)	200	500	auc							
Time as Instructor	[c	(r.	il		+					
This Make/Model	STATE OF									
Last 90 Days	15-40	35-0 -	Ð							
Last 30 Days	10	0 -	30							
Last 24 Hours	Õ	3	J.							

<b>"FLIGHT CREWMEM</b>	BER 2" INFOR	MATION	١				N. Ashiri			
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident OPilot OCo-Pilot OStudent Pilot OFlight Instructor OCheck Pilot OFlight Engineer OOther Flight Crew										
"Flight Crewmember 2" was	pilot flying 🛛 Y	es □No	o							
"Flight Crewmember 2" Ide	ntification									
First Name:				C	ity of Re	esidence:				
Middle Initial:	<u> </u>				1995 - 21 - 500					
Last Name:										
Contract Contract of Sector	ccident/Incident:			-						
Age at time of A	coldent/incident:			22			oaa yyyy			12
D	Cost Occurried	Certii	ficate Numb		4					
<b>Degree of Injury</b> O None O Fatal	Seat Occupied OLeft O	DFront	OUnknow		straint T	(0.20)			Inflatable R	lestraints
O Minor O Unknown O Serious	O Right C	ORear OSingle	Clikilow						□Not Inst	
Pilot Certificate(s) (Check all	that apply)				O 3-po		O 3-point	2	Not Dep	oloyed
🗆 None 🛛 Flight In	Destroyed and the second se	nercial	🗖 US Mil	itary	0 4-po		O 4-point		□ Deploye □ Unknow	
Private     Recreati		e Transport Engineer	Foreign		O 5-po O Unk		O 5-point O Unknow	vn		vn
□ Student □ Sport		Engineer			2010		5			
Principal Occupation M	ledical Certificate			Me	dical Co	ertificate Va	lidity		Date of Las	t Medical
<b>U</b> I not	None O Clas					imitations/wai		nknown		
	Class 1 O Driv Class 2 O Unk		e (Sport Pilot o		With limit Special Is	tations/waivers	s ON	/A	mm/dd/yyyy	
O Unknown C Medical Certificate Limitatio		nown			special 13	suance				//
Medical Certificate Limitatio	Jus									
Medical Certificate Special I	ssuance									
			<u>8</u>							
Date of Last Flight Review		Flight R	eview Aircr	aft						
or Equivalent, Including		1417-1410								
FAR 121/135 Checks:		presidente a la construcción de la constru								
	mm/dd/yyyy	2.959 (419) 112/2					<b>n</b> / )			
Airplane Rating(s) (Check all that apply)	Other Aircraft Ra (Check all that apply)	ting(s)	(Check all	nt Rating(s	;)	Instructor				
□ None	□ None		□ None	inai appiy)	upply) (Check all that apply) □ None □ Instrument Airplan					irplane
Single-Engine Land	Airship		Airplan	e	Airplane Single-Engine Instrument Helico					
Single-Engine Sea	Balloon		Helicop		Airplane Multi-Engine Helicopter					
<ul> <li>Multiengine Land</li> <li>Multiengine Sea</li> </ul>	Glider Gyroplane		D Powere	d Lift	t Gyroplane Glider					
	Helicopter				8			_	- Providence - Pro	
	Powered Lift					Caudant Fr			ur al	_
Type Ratings						Student El	idorsement	ts (Include d	ales)	
			Airplane		-	Inst	rument			4.450.000
Flight Time (Enter appropriate number of hours in each box)		s Make Model	Single	Airplane Multiengine	Nigh	1000	rument	Rotorcraft	Glider	Lighter Than Air
					Nigh	1000	THE SEA DEC	Rotorcraft	Glider	
number of hours in each box)			Single		Nigh	1000	THE SEA DEC	Rotorcraft	Glider	
number of hours in each box) Total Time			Single		Nigh	1000	THE SEA DEC	Rotorcraft	Glider	
number of hours in each box) Total Time Pilot in Command (PIC)			Single		Nigh	1000	THE SEA DEC	Rotorcraft	Glider	
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor			Single		Nigh	1000	THE SEA DEC	Rotorcraft	Glider	
number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model			Single			1000	THE SEA DEC	Rotorcraft	Glider	

ADDITIONAL FLI	GHI CREWMEN	IDEKS	Exclusiv	e of cabin cr	em, compien	e the followin	g information)			
Crew Name and Add	lress						Seat Occupie	d	Injury	
First Name:		City	of Reside	nce:			O Left	OFront	O None	
Middle Initial:		ZIP:		O Center O Right	O Rear O Single	O Minor O Serious				
Last Name: Country:								OUnknown	O Fatal O Unknown	
Pilot Certificate(s) (0	Check all that apply)						Restraint Ty	pe:	Inflatable	
None	□ Flight Instructor	□ Con	nmercial	□us	Military		Available O None	Used O None	Restraints	
D Private	Recreational		line Transp				O Lap Only	O Lap Only	□ Not Installed	
□ Student	□ Sport	🗖 Flig	ght Engine	er			O 3-point	O 3-point	☐ Installed <sup>*</sup> ☐ Not Deployed	
Type Rating/Endors	ement for		Total F	light Time a	t the Time		O 4-point O 5-point O Unknown	O 4-point O 5-point O Unknown	Deployed	
Accident/Incident Ai	ircraft? 🛛 Yes	🗖 No	of this A	Accident/Inc	ident:	hrs	OUnknown	OCIRIIOWI	9000.	
Crew Name and Add	lress						Seat Occupie	d	Injury	
First Name:		City	of Reside	nce:			OLeft	OFront	O None	
Middle Initial:							OCenter	O Rear O Single	O Minor O Serious	
<ul> <li>EDD PACKAGE PORTUGE CONTRACT</li> </ul>							ORight	OUnknown	O Fatal	
						_			O Unknown	
Pilot Certificate(s) (0	Check all that apply)						Restraint Ty		Inflatable	
□ None	Flight Instructor		nmercial		Military		Available O None	Used O None	Restraints	
Private						O Lap Only	O Lap Only	Not Installed Installed		
Student Student	□ Sport	L Fig	int Enginee	er			O 3-point O 4-point	O 3-point O 4-point	Not Deployed	
Type Rating/Endors Accident/Incident Ai		□ No	A CONTRACTOR OF A CONTRACTOR	light Time a Accident/Inci		hrs	O 5-point O Unknown	O 5-point O Unknown	Deployed Unknown	
A recidente a meraente a m										
PASSENGER(S)	OTHER PERSC		A							
PASSENGER(S)	OTHER PERSC		A					Inflatable	1	
PASSENGER(S)	OTHER PERSC		A				t if necessary)		Age	
Name and Address		ONNEL (I	Include c	abin crew; c Seat	ontinue on s Injury	eparate shee Restraint T Available	t if necessary) Type Used	Inflatable Restraints		
Name and Address First Name:	City :	DNNEL (I	Include c	Seat	ontinue on s Injury ONone	eparate shee Restraint T	t if necessary) ype Used O None O Lap Only	Inflatable Restraints	Age	
Name and Address First Name: Middle Initial:	City : State:	ZIP:	include c	Seat OLeft OCenter ORight	ontinue on s Injury ONone OMinor O Serious	Restraint T Available ONone OLap Only O3-point	t if necessary) ype Used O None O Lap Only O 3-point	Inflatable Restraints	Under 5 years	
Name and Address First Name:	City : State:	21P:	Include c	Seat OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal	Restraint T Available O None O Lap Only O 3-point O 4-point	t if necessary) ype Used O None O Lap Only	Inflatable Restraints	Under 5 years If Under 5, O Child Restraint	
Name and Address First Name: Middle Initial:	City : State:	ZIP:	Include c	Seat OLeft OCenter ORight	ontinue on s Injury ONone OMinor O Serious	Restraint T Available O None O Lap Only O 3-point O 4-point O 5-point O Unknown	t if necessary) ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints	Under 5 years	
Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP:	her	Abin crew; c Seat OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point	ype Used ONone OLap Only O 3-point O 4-point O 5-point	Inflatable Restraints	Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown	
Name and Address First Name: Middle Initial: Last Name:	City : State: Country: OPassenger City :	21P: O Oth	her	Seat       OLeft       OCenter       ORight       OUnknown       Row:       OLeft       OCenter	ONONE ONONE OMINOT OSERIOUS OFatal OUNKNOWN	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	if necessary) iype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Inflatable Restraints	□ Under 5 years I <i>If Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : State: Country: OPassenger City : State:	ZIP: ZIP: ZIP:	her	Abin crew; c       Seat       OLeft       OCenter       ORight       OUnknown       Row:       OLeft       OCenter       OLeft       OCenter       OLeft       OCenter	ONONE ONONE OMINOT OSERIOUS OFatal OUNKNOWN	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	if necessary) iype Used None Lap Only 3-point 4-point 5-point 0 Unknown Used None Lap Only 0 3-point	Inflatable Restraints  Installed Installed Deployed Unknown Installed Installed Not Installed Installed Not Deployed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5,	
Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : State: Country: OPassenger City : State:	ZIP: ZIP: ZIP:	her	Seat       OLeft       OCenter       ORight       OUnknown       Row:       OLeft       OCenter	ONONE ONONE OMINOT OSERIOUS OFatal OUNKNOWN	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	if necessary) iype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 0 Jap Only 0 3-point 0 4-point 0 5-point	Inflatable Restraints	□ Under 5 years I <i>If Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years	
Name and Address  First Name: Middle Initial: OCrew  First Name: Middle Initial: Last Name: OCrew	City : State: OPassenger City : State: Country: OPassenger	ZIP:	her her	abin crew; c         Seat         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OUnknown         Row:	ONONE ONONE OMinor OSerious OFatal OUnknown ONONE OMinor OSerious OFatal OUnknown	Restraint T Available O None O Lap Only O 3-point O 4-point O Unknown Available O None O Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 5-point O 4-point O 4-poin	t if necessary) ype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 0 Unknown Used Unknown Used	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Doployed Unknown Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown	
Name and Address First Name: Middle Initial: OCrew First Name: Middle Initial: Last Name: OCrew First Name:	City : State: OPassenger City : City : Country: OPassenger City :	ZIP: ZIP: ZIP:	her her	abin crew; c         Seat         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OLeft	ONONE ONONE OFatal OUNKNOWN ONONE OMINOT OSERIOUS OFatal OUNKNOWN	Restraint T 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 O5-point O4-point O5-point OUnknown Available ONone OLap Only	if necessary) ype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 0 Unknown Used 0 None 0 Lap Only 0 3-point 0 Unknown Used 0 None 0 Lap Only 0 3-point 0 Lap Only 0 3-point 0 4-point 0 S-point 0 Unknown 0 4-point 0 S-point 0 Lap Only 0 3-point 0 Unknown 0 4-point 0 S-point 0 Lap Only 0 3-point 0 Unknown	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Deployed Unknown  Not Deployed Deployed Deployed Not Deployed Not Deployed Not Not Installed	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held	
Name and Address  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: OCrew  First Name: OCrew  First Name: Middle Initial:	City : State: OPassenger City : City : State: OPassenger City : State:	ZIP:	her	Abin crew; c         Seat         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OLeft         OCenter         OLeft         OCenter         ORight	ONONE ONONE OMINOR OFatal OUNKNOWN ONONE OMINOR OFatal OUNKNOWN	Restraint T 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 O5-point OUnknown Available ONone OLap Only O3-point	t if necessary) ype 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 O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 5-point O 5-point O 4-point O 5-point O 5-point O 5-point O 4-point O 5-point O 5-point O 4-point O 5-point O 5-point O 5-point O 4-point O 5-point O 5-point O 5-point O 4-point O 4-point	Inflatable Restraints  Inflatable Restraints  Deltate Installed Deployed Unknown  Not Installed Installed Deployed Unknown  Installed	□ Under 5 years I <i>If Under 5</i> , O Child Restraint O Lap-Held O Unknown □ Under 5 years I <i>If Under 5</i> , O Child Restraint O Lap-Held O Unknown □ Under 5 years I <i>If Under 5</i> ,	
Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Itast Name:         Itast Name:         Last Name:         Last Name:         Last Name:	City : State: OPassenger City : City : Country: OPassenger City : State: State:	ZIP:	her her	abin crew; c         Seat         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OUnknown	Injury         ONone         OMinor         OSerious         OFatal         OUnknown         ONone         OMinor         OSerious         OFatal         OUnknown         OSerious         OFatal         OUnknown         ONone         OMinor         OSerious         OFatal         OUnknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O5-point O4-point O5-point	ype Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point 0 Unknown Used None Lap Only 0 3-point 0 Unknown	Inflatable Restraints  Installed Installed Deployed Unknown Installed Installed Installed Installed Deployed Unknown Installed Not Deployed Unknown Installed Installed Installed Installed Installed	□ Under 5 years I <i>If Under 5</i> , O Child Restraint O Lap-Held O Unknown □ Under 5 years I <i>If Under 5</i> , O Child Restraint O Lap-Held O Unknown □ Under 5 years I <i>If Under 5</i> , O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name: Middle Initial: Crew  First Name: Middle Initial: Crew  First Name: OCrew  First Name: Middle Initial: Crew	City : Country: OPassenger City : State: OPassenger City : OPassenger City : State: Country: OPassenger	ZIP:	her her her	Abin crew; c         Seat         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OLeft         OCenter         OLeft         OCenter         ORight	Injury         Injury         ONone         OMinor         OSerious         OFatal         OUnknown         ONone         OMinor         OSerious         OFatal         OUnknown         ONone         OMinor         OSerious         OFatal         OUnknown         ONone         OMinor         OSerious         OFatal	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point OUnknown Available ONone OLap Only O3-point O1ap Only O3-point O4-point O4-point	t if necessary) ype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 5-point	Inflatable Restraints  Installed Installed Deployed Unknown Installed Installed Installed Installed Installed Deployed Unknown Installed	□ Under 5 years I <i>If Under 5</i> , O Child Restraint O Lap-Held O Unknown □ Under 5 years I <i>If Under 5</i> , O Child Restraint O Lap-Held O Unknown □ Under 5 years I <i>If Under 5</i> , O Child Restraint	
Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         OCrew	City : State: OPassenger City : State: OPassenger City : City : State: Country: OPassenger City :	ZIP:	her her	abin crew; c         Seat         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OCenter         ORight         OLeft         OLeft         OLeft         OLeft         OLeft	Injury         ONone         OMinor         OSerious         OFatal         OUnknown         ONone         OMinor         OSerious         OFatal         OUnknown         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 O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1	t if necessary) ype 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 O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O None O Lap Only O 3-point O Unknown O None O None	Inflatable Restraints  Installed Restraints  Installed Installed Deployed Unknown Installed Installed Deployed Unknown Installed Install	□ Under 5 years I <i>If Under 5</i> , O Child Restraint O Lap-Held O Unknown □ Under 5 years I <i>If Under 5</i> , O Child Restraint O Lap-Held O Unknown □ Under 5 years I <i>If Under 5</i> , O Child Restraint O Lap-Held O Unknown	
Name and Address  First Name: Middle Initial: Crew  First Name: Middle Initial: Crew  First Name: OCrew  First Name: Middle Initial: Crew	City : State: OPassenger City : State: OPassenger City : Country: GPassenger Country: OPassenger	ZIP:	her her	abin crew; c         Seat         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OCenter         ORight         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OLeft         OLeft         OLeft	Injury         Injury         ONone         OMinor         OSerious         OFatal         OUnknown         OSerious         OFatal         OUnknown         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 O4-point O5-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O5-point O4-point O5-point O1ap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O1ap Only O3-point O4-point O4-point O1ap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point	t if necessary) ype Used None Lap Only 3-point 4-point 5-point Used None Lap Only 3-point 4-point 5-point 4-point 5-point Unknown Used None Lap Only 3-point 4-point 5-point Unknown Used None Lap Only 3-point Unknown Used None Lap Only 3-point Unknown Used None Lap Only 3-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-point 0-	Inflatable Restraints  Inflatable Restraints  Not Installed Deployed Unknown  Not Installed Not Deployed Installed Not Installed Installed Installed Installed Installed Installed Installed	□ 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 If Under 5, O Child Restraint O Lap-Held O Unknown □ Under 5 years	
Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         OCrew	City : Country: OPassenger City : City : OPassenger City : City : Country: OPassenger City : OPassenger City :	ZIP:	her her	abin crew; c         Seat         OLeft         OCenter         ORight         OUnknown         Row:         OLeft         OCenter         ORight         OLeft         OLeft         OLeft         OLeft         OLeft	Injury         ONone         OMinor         OSerious         OFatal         OUnknown         ONone         OMinor         OSerious         OFatal         OUnknown         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 O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1-point O1	t if necessary) ype Used None Lap Only 3-point 4-point 5-point Used None Lap Only 3-point 4-point 0 Unknown Used None Lap Only 3-point 0 4-point 0 4-point 0 5-point 0 Unknown Used None Lap Only 0 3-point 0 4-point 0 5-point 0 Unknown Used 0 None 0 Lap Only 0 3-point 0 4-point 0 5-point 0 Unknown Used 0 None 0 Lap Only 0 3-point 0 Unknown 0 Unknown	Inflatable Restraints  Installed Restraints  Installed Installed Deployed Unknown Installed Installed Deployed Unknown Installed Install	□ 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 If Under 5, O Child Restraint O Lap-Held O Unknown □ Under 5 years	

FLIGHT ITINERARY INFOR	MATIO	N			Principal Princi		
Last Departure Point		e of Departure	Destinatio	on		Type Fligh	ht Plan Filed
Airport ID	-	11: Maria	Airport ID:	off-qu	por (	O None	O VFR/IFR
city: Ancharge	Time	Hilloguy	Cíty:		1 .	O Company O Military	
State: AK	Time	Zone: AF	second the			O VFR	VIR O'Olkiowi
Country:			Country:			Activated?	OYes ONo OUnknown
Type of ATC Clearance/Service (C	heck all that	apply)					
None Special		Spc	ecial IFR R On Top		□ VFR Flight Foll □ Traffic Advisory		Cruise
Airspace where the accident/incide	nt occurred						Altitude of In-Flight
Class A Class G	rea		itary Operations port Advisory A		□ Special □ Air Traffic Cont	rol Area	Occurrence:
Class C Warning		🗖 Jet	Training Area	icu	Unknown	ioi / iicu	ft msl
Class D Prohibit		TR: FA					
Class E Restrict							
WEATHER INFORMATION		= ACCIDEN	I/INCIDEN				
Source of Pilot Weather Information (Check all-that apply)	n			Weather Of	servation Facility	- 1 2	and what he
Anational Weather Service	Com	pany		Facility ID:	Audiage	JORA-	20126-5110
Flight Service Station	🗖 Mili	tary		Observation T	ime:		90/266-5110
TV/Radio	Inter			1000000 Table 1000000000000000000000000000000000000			
Automated Report Commercial Weather Service (DUATS)	<ul> <li>Non</li> <li>Unk</li> </ul>			Distance from	Accident Site:		nm
On-Board Weather				Direction from	Accident Site:		degrees true
Basic Conditions		Light Condit	ion				
OVMC		ODawn	ODusk			nknown	
O IMC O Unknown		Obay	ONight	OBug	sht Night		
Sky/Lowest Cloud Condition		Ceiling			T		(C) or <u>56 (F)</u>
O Clear O Thin B	roken	O None (Clear)	0	Obscured	2.552		
O Few O Thin O				Indefinite	Dew Point:	(0	c) or <u>52</u> (F)
OPartial Obscuration OUnkno	wn	<b>O</b> vercast	0	Unknown			
O Scattered					Altimeter Sett	or	MB
Lowest Cloud Condition Height		Ceiling Heigh	n N	ft agl			
ft agl		- ler	/	It agi			
Wind Direction Wind	Speed		Wind Gusts		Visibility	_10	miles
🖯 Variable 🛛 🗆 Ca	Im		Not Gustin	ng			
	ght and Varia	able	1.1				
-or-	-or-	lite.	-or-	here.		•	
Direction:degrees true Speed	Street and the street of the	1000 TANK OF 1000	Speed:	KIS	Density Altitu	de:	ft
	Contraction and the second	ation (Check all i		2272	Restriction to	and the second	Check all that apply)
OLight OModerate Rai		<ul> <li>Drizzle</li> <li>Ice Pellets</li> </ul>	□ Freezin □ Snow S		Blowing Du		Fog Ground Fog
O Heavy Snc		Snow Pellet		ets Shower	Blowing Sa	SOLDER TRANSPORT	Haze
©N/A □ Hai	í.	Snow Grain	is 🛛 Freezin	g Drizzle	Blowing Sn		Ice Fog
OUnknown 🛛 Rai	n Showers	□ Ice Crystals	ě.		□ Blowing Sp □ Dust		Smoke Unknown
Loing Forecest		Joing Actual			Turbulence		ANN
Icing Forecast Amount Type		Icing Actual Amount	Туре		Type (Check a	ll that apply)	Severity
O None O N/A		Ø None	O N/A		None	11.0	Light
O Trace O Rime		O Trace O Light	O Rime O Clear		Clear Air	read	☐ Moderate ☐ Severe
O Light O Clear O Moderate O Mixed		O Light O Moderate	O Mixe				Extreme
O Severe Ø Unknown		O Severe	O Unkr				N
OUnknown		O Unknown					
NOTAMs (D and FDC), AIRME	Ts, SIGN	IETs, PIREP	s in effect at	the time of t	he accident/inci	dent:	
MONE KNOWN							



## DAMAGE TO AIRCRAFT AND OTHER PROPERTY

**Aircraft Damage** O None O Substantial O Destroyed

@ Minor

Aircraft Fire O None O In-Flight O On-Ground

O Both Ground and In-Flight O Fire at Unknown Time **O** Unknown

Aircraft Explosion O None 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)

Bast Left strots - best to ofrudder - best propoller

O Unknown

## 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.

I broked on marsh vegetation. The terrain was welter than anticipated. I brated carry to avoid a trouw wet spot. Excessive braking in wet, shall regetation caused the plane to flip. Nother was not visible due to regetation I departed Late thead stop apparaulter 10,000 for the stop montroved - after receiving a worker briefing from the KOAA another weather desk

RECOMMENDATION (How could this	accident/incident have been prevented	1?)	2
Test landy st	ip for water be	for coarding	
0	•		
MECHANICAL MALFUNCTION	FAILURE (If more space is needed	, continue on separate sheet)	
Was there Mechanical Malfunction/Failu (If yes, list the name of the part, manufacturer, pa	re?  Yes  No	ter en	Total Time/Cycles On Part
			Hours
			Cycles
			Time Since This Part
			Inspected/Overhauled
	χ.		Hours
FUEL & SERVICES INFORMAT	ON		
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	Fuel Type O 80/87 O 115/145	O Jet B O Other, sp	necify
20 Gallons	O 100 Low Lead O Jet A	O JP8	
Other Services, if Any, Prior to Departure	O 100/130 O Jet A-1	O Automotive	
EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircr	aft performed? 🗆 Yes 🖉 No	5	
Method of Exit – Describe how the occupat	ts exited and how many occupants evac	uated each location	
one crapent ()	pilot) append the de	artoett.	
OTHER AIRCRAFT - COLLISIC	N (If air or ground collision occurred	, complete this section for othe	
2/04	urer:		Damage to Other Aircraft Destroyed Minor
		CALLS IN THE R.	Substantial None
Registered Owner of Other Aircraft		t of Other Aircraft	
Name:	Nam City	e:	
City:	State	ZIP:	
Country:	Cou	ntry:	

ADDITIONAL INFO	RMATI	ON (Please type or print in ink)		
		is needed for any answers.		
Ose uns space n'addit	ional space	is needed for any answers.		
				a.
		¥.		
I HEREBY CERTIFY	THAT TH		ETE AND ACCURATE TO THE BEST OF	MY KNOWLEDGE
Date of this Report	Name of	Pilot/Operator: 11 Jillian 1)	eer Eldrick	
Calubon	Signature	•••	0-	
mm/dd/yyyy	or	Check here to electronically sign this	document	
If a Person Other tha	n Pilot/On	erator is Filing Report		
		crator is rining report	Title:	
		electronically sign this document		
	en suarea	FOR NTSB	USE ONLY	
NTSB Accident/Incid	ent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
GAA17CA501		GAA	Kathryn Benhoff	9/12/2017