			NATIO	NAL TR	RANSF	PORTATIC	N SAFET	YBOAR	ח				
	This fam.	PIL	U I/OPERA	ATOR A	VIRCR	AFT ACCI	DENT/IN/		3000	RT			
	I his forn	ii to ne	used for re	portin	g civil	and publ	ic aircraff	acciden	ts an	d inci	idents		
	OIGHNEORIN	ATIONE											2.2
Acci	dent/Incident Lo	ocation	conte	~			Accident/Inc	ident Date/T	ime				æ
Nean 710	est City/Place:	<u>-142/1</u>	SKING.	<u>S</u> .	State:	<u>C.A</u>				cal Time	130	0	
Latin	72262 via: N 340	Country:	<u>usa</u>				mn/dd/yyyy						
ZIP: <u>92262</u> Country: <u>USA</u> Latitude: <u>N 3 4 ° 4 9 . 9</u> <sup>'</sup> Longitude: <u>W 11</u> (Enter in decimal degrees or degrees; minutes; second					30.8	<u>}</u> .	0.00				<u> PS T</u>		
AIR	CRAFTEINEC	DRMATIC	N				Collision with	h Other Airci	raft: C	) Midair	OOn-gro	und Non	iC
													制作
Man	Registration Number: <u>N635555</u> Manufacturer: <u>BOEING</u>							ipped and Ceri cial Space Flig	tified ht				
Mode	el: 572	EARM	aN				Unmanne	d Aircraft					
Seria	l Number:	75-8	OIH				Maximum G	ross Weight:	2	950	lbs		7
Year	of Manufacture	. 196	13				Weight at Ti	me of Accide	nt/Incid	ient: 2	732	lbs	
1	eur-Built: OYe			iake:			Number of Se Cabin Crew Sea	eats: <u>2</u>	<u> </u>	Flight Cr	ew Seats:	1	
	No		OOriginal Desig				Cabin Crew Sea	ats:O	· · · · · ·	Passenge	r Seats:	1	
Cate	gory of Aircraft	Type of A	Airworthiness (	ertificate	·····	Landing Gea	Number of E						
Airplane (Check all that apply)				(Check all that			ear Engine Type (Se Reciprocating			elect one)	uid Rocket		
O Balloon Standard Specia O Blimp/Dirigible □ Normat □ Rest						Differenciable O Turbo Shaft OS			OSoli	d Rocket			
	O Glider Aerobatic Limi				ited Tricycle			ailwheel	O Turbo O Turbo	) Prop	O Hyb O Non	rid Rocket	
OHel								ligh Skid	OTurbo	rbo Fan OUnknown			
	O Powered Lift Transport Experi			rimental Float			Float S		O Electr	ic			
OUh	alight	L Clint		finental Light-Sport				ki/Wheel F	Fuel Syst	iem Type	(Reciprocat	ing)	
OUni	nown	Certificat	e of Authorization	1 or Waiver		Other Laun	ch/Recovery Sys	stem	Carbu	retor		-Injected	
		None	<u> </u>	Unknown		□ None		Inknown					
Engine	English		Engine	Manufactureris		actureris	Date of Mfg.	Rated Power Horsepow		l'otal	Time	Since:	1
Eng. 1	Engine Manufa		Model/Series	0 63		rial Number mm/dd/yyyy		O lbs of Thr	rust (		(hours)	Overhaul (hours)	
Eng. 2		1.67	WR ~ 67	0-6N	60	71	UNK	220		UNK	46.0	134.5	1
Eng. 3							1					<b></b>	
Eng. 4	[	J									·····		
	nspection Type			Propelle	eller I Propeller 2 OFixed Pitch OControllable Pitch				1	1			
Oi00-F		inuous Airwo	rthiness			O Ground A	divertable			-	Controllable		
Annu	al OUnku	itional Inspectory	lion	Manufac	turer:	Sensen is	6	OGround Adjustable Manufacturer:					
Date Last Inspection: 09/30/2015 Model:						BAAGG		Model:					
Airfron	no Totol Times	mm/dd/vy	w '	ELT Ins	talled:	Yes ON	)	Additional	l Equip	ment (C	heck all that	apply)	
hou	ne Total Time: _ rs measured at (Se	1021	.3 hrs	If Yes: ELT Man	ufacture	Ameri	- K	ADS-B		ute			
			cident/Incident	Modelor	Part No.:	<u>AK-45</u>	· 0	Angle o	f Attack	Indicator			
Type of	Maintenance Pi	the second se		TSO No.:	OC91 (1	21.5 MHz) ØC	91a (121.5 MHz	Data Re					
C Annu	al			Wee DI T		406 MHz)		Electron	nic Flight	Bag or H	andheid Dev	vice	
O Cond O Manu	itional (Amateur-bu facturerIs Inspectio	tilt only) on Program		Was ELT Was ELT	still mou	nted in aircraft? ected to antenna	Yes ONo	Electron	nc Multif nc Prima	function E ry Flight i	Display Display		
O Other	Approved Inspecti	on Program (	AAIP)	Did ELT	Activate?	OYes ONo		Handhel	ld GPS				
O Conti O Other	nuous Airworthines specify:	iS		If activate		cating Aircraft:	ov. I.	☐ Heads U ☐ Onboard	Weather	r			
Descrip	tion of Fire Exti	nguishing	System	If not acti		lating Aircrait:	Ures (UNO	□Satellite	Tracking	z Device			
W None		J		Indicate R		Impact Damag	e	Stall Wa	ecording	stem Device			
O Speci	iy;					Fire Damage		Other, Sp	pecify:				
	No. * 1				1	Battery Expire	wDamaged						

OWNER OPERATOR INFORMA	MON	
Registered Aircraft Owner	_	Inc State: <u>CA</u> ZIP: <u>92262</u>
Name: Palm Springs	Air Museum,	Inc State: CA ZIP: 922GZ
Fractional Ownership Aircraft: O Yes	No	Country: USA
Operator of Aircraft Same As Re	gistered Owner	Same Address as Registered Owner
Name:		City:
Doing Business As:		State: ZIP:
Air Carrier/Operator Designator (4 Character		Country:
-		N 0 11 C FLD 101 105 100 125
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Uno	(Select one for each group)
□None	OFAR 91 OFAR 129 OFAR 4	115 O Scheduled or Commuter O Domestic
Flag Carrier Operating Certificate (FAR 121)	OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4	
Supplemental	OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4	137
□ Foreign Air Carriers (FAR 129)	OFAR 91 Special Flight	O Passenger O Cargo
Commuter Air Carrier (FAR 133)	O Non-US, Commercial	O Mail Contract Only
On-Demand Air Taxi (FAR 135) Commercial Air Tour (FAR 136)	O Non-US, Non-commercial	Purpose of Flight for FAR 91, 103, 133, 137
Agricultural Aircraft (FAR 137)	OPublic Aircraft (Select one)	(Select one)
Pilot School (FAR 141)	O Armed Forces O Federal	O Aerial Application OFirefighting OUnknown
Commercial Space Transportation	O State	O Aerial Observation O Flight Test O Air Drop O Glider Tow
Experimental Permit	O Local	O Air Race/Show O Instructional
Other Operator of Large Aircraft	OUnknown	O Banner Tow O Other Work Use Business O Personal
		O Executive/Corporate O Positioning O External Load O Skydiving
Revenue Sightsceing Flight	Air Medical Flight	O Ferry
Yes O No	O Yes O No	
AIRPORTINEORMATION	if accident/incident occurred on ap	proach, landing, takeoff, departure, or within 3 miles of an airport)
Airport Name: Palm Specia	as Int'l.	Distance From Airport Center:sm
Airport Identifier: PSP	<u> </u>	Direction From Airport: 298 degrees true
Airport Name: <u>Pala Sprid</u> Airport Identifier: <u>PSP</u> Proximity to Airport: O Off Airport/Airstr	ip On Airport/Airstrip ON/A	Airport Elevation: 476 R. msi
Runway Information	a second for the second s	Condition of Runway/Landing Surface (Check all that apply)
Runway ID: 31 L (L/R/C) Length: 1		Holes Snow-Crusted Water-Choppy
Runway/Landing Surface (Check all that		Ice Covered     Snow-Dry     Water-Glassy       Rough     Snow-Wet     Wet
Asphalt Grass/Turf Mac Concrete Gravel Met	al/Wood	□ Rubber Deposits □ Soft
Dirt Dice Dino	w 🖸 Unknown	Slush-Covered Uvegetation Unknown
Approach/Departure Segment (Select on	e)	
OTaxi OVFR Departure	OOn Instrument Ar	
OTakeoff OIFR Departure Pro	cedure/Clearance OLanding	OBase OGo Around OFinal OAborted Landing (after touchdown)
Initial Climb		OCrosswind OUnknown
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)
Whene		□Nonc
□ ADF/NDB □ PAR	MLS Practice	Traffic Pattern Stop and Go
		Straight-In Touch and Go
SDF Sidestep	□LDA □GPS	Valley/Terrain Following Simulated Forced Landing
VOR/TVOR     ILS       VOR/DME     Localizer Only	□ASR □Visual	Valley/Terrain Following       Simulated Forced Landing         Go Around       Forced Landing
UVOR/TVOR DILS	DASR	Valley/Terrain Following Simulated Forced Landing

<b>IFLIGHT CREWMEN</b>	BER 11 IN	FORMAT	ION							
I Flight Crewmember 11 Responsibilities at the Time of Accident/Incident           Pilot         O Co-Pilot         O Student Pilot         O Flight Instructor         O Check Pilot         O Flight Crew										
1 Flight Crewmember 1î wa	s pilot flying	🖬 Yes 🗖	No							
1 Flight Crewment 10.11	ion									
First Name:					City of R	esidence	Pala	<u>n De</u> .	seat	
Middle Initial:						CA			1226	
Last Name:								ZIP:	1446	0
Age at time of	Accident/Inci	dant. 62	Date of	Diates	Country:	<u>US</u>				
	The starting men				· · · · · ·	ľ	nun/dd/yyyy			
Degree of Injury	Cont One		Certificate Nu							
O None O Fatal	Seat Occu O Left	o Front	O Unkno		estraint T	уре			Inflatable	Restraints
Minor O Unknown	O Right	Rear	<b>O</b> Onkin	JWA	Available Used					
O Serious O Center O Single O None O None Solution Installed										
Pilot Certificate(s) (Check all that apply) O3-point O3-point O3-point										
I None Flight In		Commercial	🖾 US N	filitary	🛛 🛛 4-poi	nt	4-poin		Deploy	
Private     Recreat     Student     Short		Airline Trans Flight Engine		gn	O 5-point O 5-point Unknown				wn	
Student Sport	12	a rugin cagine	ĊI		<b>O</b> on an		0			
	fedical Certif	icate		М	edical Cer	rtificate Va	alidity		Date of La	st Medical
		O Class 3		0		nitations/wa	•	Unknown	1	,
O Other O Class I O Driverts License (Sport Pilot only)						tions/waive	rs Õl	A/A	01/02	3/2016
Medical Certificate Limitati	O Unknown Class 2 O Unknown O Special Issuance mm/dd/y/yy								ууу	
Must weer c	011S		,	^		,				
Must weer c	. OF F&C (	ive 1	enses	tor no	ear a	nd a	distar	it vi	5100	
Medical Certificate Special I	ssuance							·		
N/A										
Date of Last Flight Review		711-1	( D (							
or Equivalent, Including	1. 1	-	t Review Air							
FAR 121/135 Checks:	11/14/2	~ 0 1 7 1	<u> Boer</u>		·······					
	mm/dd/yyyy	Mode	1: <u>10-</u>	<u> </u>						
Airplane Rating(s) (Check all that apply)	Other Aircra			ent Rating(	s)		r Rating(s)	}		
None	(Check all that	appiy)	1	ll that apply)			that apply)	_	_/	į
Single-Engine Land	Airship		Airpla			None None	e Single-Eng	ina D	Instrument	Airplane
Single-Engine Sea	Balloon		Helico	opter		Airplan	e Multi-Engi	ne E	Helicopter	riencopter
Multiengine Land Multiengine Sea	Glider Gyroplane		D Power	red Lift		Gyroph Gyroph	ane		Glider Glider	
	Helicopter					D Powere	d Lift	Ĺ.	J Sport	
	Powered Li	A								
Type Ratings								nts (Include	dates)	
DC-3					1	N/	A			
B-727						•				
MD~11					l					
	••••••••••••••••••••••••••••••••••••••									
Flight Time (Enter appropriate	All	This Make	Aicplane Single	Airplanc	· · ·	Inst	ument		1	Links
number of hours in each box)	Aircrafi	& Model	Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	14,388	35.3	3000+	11000+	Som +	- 2000 +	200 +	125	100	Ø
Pilot in Command (PIC)	10,000 +	35.3	2500 +	8000 +				25	90	0
Time as Instructor	1,000 +	1.5	500 +	500+	200 1			0	0	σ
This Make/Model										
Last 90 Days	40,7	14.8	28.5	12.2	0	U	0	0	0	0
Last 30 Days	25.8	11.9	19.9	5.9	0	0	0	0	0	0
Last 24 Hours	6,0	1,2	2,6	3.4	0	0	0	0	0	0

NELIGHIECREWMEM	BER 21 INFORM	ATION								
IFEIGHIEGKEVWEW I Flight Crewmember 21 Re	sponsibilities at the Ti	me of Accie	dent/Incident			-	<b>.</b>	0		
Opilot OCo-Pilot	O Student Pilot OF	light Instruct	tor OCheck	Pilot O	Flight Er	igineer (	Other Flight	t Crew		
i Flight Crewmember 2î wa	as pilot flying 🛛 Yes	No								
i Flight Crewmember 21 Id		1								
First Name:	N	/ A		City of	f Reside	nce:				
Middle Initial:				State:			ZIP:			
Last Name:										
Last Name:	Accident/Incident:	r	ate of Birth	Çomu		mn/dd	/уууу			
Age at time of	Accident/incident.		ate Number:							
		Cennic		Restrain	nt Type	;		Int	flatable Rest	raints
Degree of Injury	Seat Occupied OLeft O	Front	OUnknown		ilable	Us	ed			
O None O Fatai O Minor O Unknown	ORight O	Rear	•		None	C	) None		□ Not Installe	đ
O Serious	O Center O	Single			Lap only		) Lap only ) 3-point		Installed Not Deploy	ed
Pilot Certificate(s) (Check			-		3-point 4-point		) 4-point		Deployed	
	Instructor Commu	ercial Transport	US Military	O O	5-point	Ç	) 5-point	}	Unknown	
Private     Recre     Student     Sport		Engineer	·····	0	Unknow	n C	) Unknown	ł		
				Madica	1 Cartil	ficate Valid	lity	D	ate of Last N	fedical
Principal Occupation	Medical Certificate					ations/waive		nown		
O Pilot	O None O Class O Class I O Drive	s 5 erls License (	(Sport Pilot only)	O With	limitatio	ms/waivers	Ó N/A		nini/dd/yyyy	~
O Other O Unknown	O Class 2 O Unku			O Spec	ial Issuar	nce		I		<u></u>
Medical Certificate Limit	ations									
Medical Certificate Speci		The LAD								
Date of Last Flight Revie	W	1 ~	eview Aircraft							
or Equivalent, Including FAR 121/135 Checks:		Make:								
PAR IZITISS CHORSE	mm/dd/yyyy									
Airplane Rating(s)	Other Aircraft Ra		Instrument			nstructor I Check all the				
(Check all that apply)	(Check all that apply)	)	(Check all that	appryy		None			Instrument Air	plane
Single-Engine Land	□ None □ Airship		Airplane				Single-Engine		Instrument Hel Helicopter	licopter
□ Single-Engine Sea	Balloon		Helicopter	in-		Airplane i Gyroplane	Multi-Engine		Glider	
Multiengine Land     Multiengine Sea	Glider Gyroplane					D Powered			Sport	
C munchighte den	Helicopter									
	Powered Lift					Student En	dorsements	s (Include d	ates)	
Type Ratings										
			Airplane	Airplane		Inst	rument			Light
Flight Time (Enter appro number of hours in each box	priate All TI Aircraft &	his Make & Model	Single Engine N	fultiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than #
Total Time							}		-	
Pilot in Command (PIC)									-	
Time as Instructor				أتحديدون						
This Make/Model										
Last 90 Days								<u> </u>	+	
Last 30 Days							<u> </u>		-	
Last 24 Hours		<u> </u>	i		L					

ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)									
Crew Name and A	ddress N/A				Colour Comp	iete the joilow	Ingintormatic	on)	1
First Name:		C	trofDer				Seat Occu	pied	Injury
Middle Initial:			ly of Kes	idence:	710		O Left O Center	O Front O Rear	O None
1							ORight	<b>O</b> Single	O Minor O Serious
		00	unuy: _					O Unknown	O Fatal
Pilot Certificate(s)	(Check all that apply)						Restraint 7	Funor	O Unknown
□ None	Flight Instructor	□c₀	mmercia	a – Di	US Military		Available		Inflatable Restraints
Private     Student	L Recreational		rline Tra	nsport 🛛	Foreign		O None	O None	
	Sport		ght Engi	neer	-		O Lap On O 3-point	ly O Lap Only O 3-point	Installed
Type Rating/Endor	sement for		Total	Flight Time	at the Time		O4-point	O 4-point	□ Not Deployed
Accident/Incident A	ircraft? 🛛 Yes	🛛 No					O 5-point O Unknow	O 5-point m O Unknown	Deployed
Crew Name and Ad	dress				and a street and and a street and a street a		Seat Occup	und	
		City	of Resi	dence:		·····	OLeft	OFront	Injury O None
Middle Initial:		State	e:		ZIP:		OCenter	<b>O</b> Rear	OMinor
Last Name:							ORight	O Single O Unknown	O Serious O Fatal
								0	O Patal O Unknown
Pilot Certificate(s) (							Restraint T	ype:	Inflatable
None     Private	Flight Instructor Recreational		nmercial		S Military		Available O None	Used O None	Restraints
Student	Sport		ine Tran ht Engir	sport ∐F ieer	oreign		O Lap Only		Not Installed
Type Rating/Endors	amant fr						O 3-point	O 3-point	Installed Not Deployed
Accident/Incident Ai	<u>^</u>		Total	Flight Time	at the Time		O 4-point O 5-point	O 4-point O 5-point	Deployed
PASSENGER(S)			of this	Accident/Inc	cident:	hrs	O Unknowr		🔲 Unknown
PASSENGER(S)			nclude	cabin crew;	continue on	separate shee	l If necessary		
Name and Address			nclude	Seat	Continue on Injury	Restraint T		Inflatable Restraints	Age
Name and Address First Name:	City :			Seat Front	Injury	Restraint T	ype Used	Inflatable Restraints	Age M 64
Name and Address				Seat Frant OLeft	Injury ONone	Restraint T	ype Used O None	Inflatable Restraints	Age Set 6 4 Under 5 years
Name and Address First Name:	City : State: ZI	P:		Seat Frant OLeft OCenter ORight	Injury ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point	ype Used O None O Lap Only O 3-point	Inflatable Restraints	■ 6 4 □ Under 5 years
Name and Address First Name: Middle Initial:	City : Zi State: Zi Country:	P:		Seat Frant OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone O Lap Only O3-point Ø4-point	ype Used O None O Lap Onły O 3-point Ø 4-point	Inflatable Restraints	☐ Under 5 years If Under 5, O Child Restraint
Name and Address First Name: Middle Initial: Last Name:	City : State: ZI	P:		Seat Frant OLeft OCenter ORight	Injury ONone OMinor OSerious	Restraint T Available ONone O Lap Only O3-point Ø4-point	ype Used O None O Lap Only O 3-point	Inflatable Restraints	G G G □ Under 5 years If Under 5, O Child Restraint O Lap-Heid
Name and Address First Name: Middle Initial: Last Name:	City : Zi State: Zi Country: Passenger	P: () Oth	er	Seat Frant OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point Ø4-point O5-point OUnknown Available	ype Used O None C Lap Only O 3-point O 4-point O 5-point O Unknown	Inflatable Restraints	☐ Under 5 years If Under 5, O Child Restraint
Name and Address First Name: Middle Initial: Last Name:	City : Zi	P: () Oth	er	Seat Frant OLeft OCenter ORight OUnknown Row: OLeft	Injury ONone OMinor OSerious OFatai OUnknown	Restraint T Available ONone O Lap Only O3-point O4-point O5-point OUnknown Available ONone	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Inflatable Restraints	G G G □ Under 5 years If Under 5, O Child Restraint O Lap-Heid
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : ZI	P: O Oth P:	er	Seat Frant OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	ype Used O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Inflatable Restraints	<ul> <li>If G 4</li> <li>If Under 5 years</li> <li>If Under 5,</li> <li>O Child Restraint</li> <li>O Lap-Heid</li> <li>O Unknown</li> </ul>
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: Last Name:	City : ZI	0 Oth P:	er	Seat Frant OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury 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	ype Used O None Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints	☐ Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years If Under 5,
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : ZI	P: O Oth P:	er	Seat Frant OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point	ype Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Inflatable Restraints	If G 4         □ 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: OCrew First Name: Middle Initial: Last Name: OCrew Gorew OCrew OCrew OCrew	City : ZI	P: O Othe P:	er Er	Seat Frant OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury 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 O4-point OUnknown Available	ype Used O None 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 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point	Inflatable Restraints	<ul> <li>If Under 5 years</li> <li>If Under 5,</li> <li>O Child Restraint</li> <li>O Lap-Held</li> <li>O Unknown</li> <li>□ Under 5 years</li> <li>If Under 5,</li> <li>O Child Restraint</li> </ul>
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City : ZI Country: City : City : City : State: ZII Country: OPassenger City :	P: O Othe P: O Othe	er Br	Seat Frant OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	Injury ONone OMinor OFatal Unknown 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 OUnknown Available ONone	ype Used O None 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	Inflatable Restraints	If G 4         □ 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: OCrew	City : ZI	P: O Othe P: O Othe	6r 6r	Seat Frant OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OFatal Unknown 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 OUnknown Available	ype Used O None Lap Only O 3-point O 4-point O Unknown Used O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None O Lap Only	Inflatable Restraints	<ul> <li>If G 4</li> <li>□ Under 5 years</li> <li>If Under 5,</li> <li>○ Child Restraint</li> <li>○ Lap-Held</li> <li>○ Unknown</li> <li>□ Under 5 years</li> <li>If Under 5,</li> <li>○ Child Restraint</li> <li>○ Lap-Held</li> <li>○ Unknown</li> </ul>
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None VFR	Special VFR IFR		pecial IFR FR On Top		<ul> <li>VFR Flight Follo</li> <li>Traffic Advisory</li> </ul>		] Cruise ] Unknown / NA
Airspace where the accide	nt/incident occurr	ed (Check all tha	t apply)				
Class A	Class G Demo Area		ilitary Operations	s Area (MOA)	Special		Altitude of In-Flight
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O Moderate O Heavy	C Rain	Ice Pellets	Snow Sh	ower	Blowing Dust	Groun	id Fog
€N/A	Hail	Snow Pellets	i C Ice Pellet	s Shower	Blowing Sand Blowing Snow	Haze	
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Aircraft Da	mage,	Aircraft Fire		Aircraft Explosi	013
O None	Substantial	O None	O Both Ground and In-Flight	None	O Both Ground and In-Flight
O Minor	O Destroyed	O In-Flight	O Fire at Unknown Time	O In-Flight	O Explosion at Unknown Time
	O Unknown	On-Ground	O Unknown	O On-Ground	O Unknown

See Attached

## NARRATIVE HISTORY OF FLIGHT (Please type or print in lnk)

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 Attached

Form 6120.1, page 9 Description of Damage to Aircraft and Other Property

Stearman N63555 Palm Springs CA March 2, 2016

The landing gear was driven up through the lower wing, ultimately separating from the fuselage. The lower wing and lower fuselage areas were damaged in the impact. I observed damage to the lower wing spar in several places, along with damaged ribs and torn fabric. I observed the forward lower fuselage longerons to be damaged. The cockpit areas came out fairly unscathed, except for the floorboards of the front (passenger) cockpit were buckled. The empanage and tail sections appear relatively unscathed. The wooden propeller broke off both blades, and the engine did not appear to show signs of impact damage, other than the bottom engine area.

NTSB Form 6120.1 (page 9) Narrative History of Flight

Stearman N63555 Palm Springs, CA March 2, 2016

After takeoff clearance was received – mixture was moved to full rich, transponder selected to "alt" and time was noted. Initial acceleration and takeoff was smooth and normal.

At approximately 400 feet AGL, the engine abruptly began running rough.Presented with an emergency situation, I determined that landing straight-ahead was not a safe option, as the area straight-ahead included houses, obstacles, and was otherwise not suitable for landing. I determined that the only suitable option to land safely was to execute a turn back to Runway 13R.

I immediately began my turn back and notified PSP tower of my intentions. Clearance was received to land on Runway 13R. The engine was not developing power.

With limited altitude and airspeed for maneuvering, the airplane landed hard, positioned on the runway centerline, approximately 30 degrees to the left of runway heading.

The aircraft skidded and stopped. I immediately secured the aircraft to the best of my ability, stood, and helped my passenger exit the aircraft.

The fire department arrived almost immediately and provided assistance.

RECOMMENDATION (How could this	icciden//incident naveibeen pre	vented?)	
Operator/Owner Safety Recommendation			
No recommeno	lation.		
MECHANICAL MALEUNCTION/	AILURE (If more space is i	eeded, continue on separate she	JØI)
Was there Mcchanical Malfunction/Failur (If yes, list the name of the part, manufacturer, par	e? DY Yes D No	uro )	Total Time/Cycles On Part 400K
			On Part UNK Hours
unknown at this	Lime		Cycles
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			Inspected/Overhauled
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FUEL & SERVICES INFORMATI	Fuel Type		
(Convert from pounds, as necessary)	O 80/87 O 115/14: O 100 Low Lead O Jet A	5 O Jet B O Otl O JP8	her, specify
Gallons Gallons	O 100/130 O Jet A-1	O Automotive	
Other Services, if Any, Prior to Departure			
EVACUATION OF AIRCRAFT			
Was an emergency evacuation of the aircr		🗆 No	
Method of Exit n Describe how the occupan			1
Jee "Narratin	re History	of Flight	", attached.
		$\sim$	
OTHER AIRGRAFIEN COULISIO	N (If air or ground collision oc	curred, complete this section for	
	urer: <u>N/A</u>		Damage to Other Aircraft
	N/A	Pilot of Other Aircraft	Substantial None
Registered Owner of Other Aircraft Name:	N/A	Name:N/A	
City		City:	
City:ZIP:		State: 71P.	

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TSB Accident/Incid	ent No. Ø78	Reviewed by NTSB Re Fe de ral (Nay	gional Office	Name of In HOWA		Plagens	Date Report Received 3, 19. 291 (