NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public aircraft accidents and incidents

Eng. 1 Lycoming HIO360-D1A L-28128-51-A 190 13.8 1462 Eng. 2	BASI	IC INFORM	ATION										
Country USA	Accide	nt/Incident Lo	cation					Accident/Inc	ident Date/	Time			
Authorized Collision with Other Aircraft: OMdair On-ground						State: /	AZ	Date:4	/25/2017	L	ocal Time:	9:45 am	
Calision with Other Aircraft: O Midair Oon-ground O None Calision with Other Aircraft: O Midair Oon-ground O None Calision with Other Aircraft: O Midair Oon-ground O None Calision with Other Aircraft: O Midair Oon-ground O None Calision with Other Aircraft: O Midair O On-ground O None Calision with Other Aircraft: O Midair O On-ground O None Calision with Other Aircraft: O Midair O On-ground O None Calision with Other Aircraft: O None O		The second control of	Country: US										
AIRCRAFT INFORMATION Registration Number: M521AR Manufacturer: Schweizer Model: 300C Serial Number: S1785 Vear of Manufacture: 1999 Amateur-Built: O'ves Wrest Number of Seats: Plught Crew Seats: Pl	Latitude	32.9778 N		Longitude: 111	1.5176 W	<u> </u>	_			1	ime Zone:	Mountain	
Registration Number: Schweizer Manufacturer: Schweizer		(Enter in decima	al degrees or	degrees:minutes:se	econds)			Collision wit	h Other Air	craft:	O Midair	OOn-groun	nd O None
Manufacturer: Schweizer	AIRC	RAFT INFO	RMATIO	N									
Manufacturer: Schweger	Registr	ration Number:	: N521AR										
Maximum Gross Weight: 2050 Ibs	Manuf	acturer: Schw	eizer							ight			
Number S1785	Model:	300C						Maximum (Fross Weigh	it: 2050		lbs	
Number of Seats: 2 Flight Crew Seats 2	Serial N	Number: S178	35						200				lbs
Amateur-Built O'res Ji Vest OktipPlans Make Cabin Crew Seats Cabin Crew Sea	Year of	f Manufacture:	1999										38
Category of Aircraft Type of Airworthiness Certificate (Check all that apply) Category of Aircraft Check all that apply Check all that apply Check all that apply Conditional Amsurada Check all that apply Conditional Amsurada Conditional (Amsurada C	Amatei	ar-Built: OYes	s If Yes:	O Kit/Plans Ma	ake:								
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O Airplane O Balloon O Balloon O Balloon O Balloon O Bimp/Dirigble O Bimp/Dirigble O Bimp/Dirigble O Gilder O Groplane O Helicopter O Commuter O Powered Lift O Transport O Utrilight O Confident O Conditional Inspection O Linghight O Linghes O Linghight O Lin					ertificate		Landing Gea	ar		T	e Type (S	elect one)	
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Commuter Special Flight Special Light-Sport Sport Special Light-Sport Specia			0.000							O Turk	oo Jet	O None	2
OPowered Lift ORocket OUtralight	• Helice	opter										O Unkn	iown
OUtralight OUmknown Certificate of Authorization or Waiver (COA) Other Launch/Recovery System Other Launch/Recovery Other Launch/Recovery System Other Launch/Recovery			10 TO	port	imental		□Float		Ski	O Line	tric		
Ounknown Certificate of Authorization or Waiver (COA) Other Launch/Recovery System Other Launch/Recovery System Other Carburetor Other			Utility				□Hull		Ski/Wheel			(Reciprocation	ng)
None	2011 CO. C.		□Certificate		1070	Other Launch/Reco			ystem	O Carb	ouretor	● Fuel-	Injected
Engine Manufacturer Manufacturer's Serial Number manufacturer's Serial Number manufacturer Model/Series Serial Number manufacturer Model Mours) 13.8 1462 Eng. 1 Lycoming						(00.2)	☐ None						
Engine E		1	1	Engine	,	Manuf	acturer's						
Eng. 1 Lycoming HIO360-D1A L-28128-51-A 190 13.8 1462 Eng. 2	Engine		cturer	Model/Series		1920 mm 200 mm 200 mm							
Eng. 3 Eng. 4 Last Inspection Type Di00-Hour OContinuous Airworthiness OAAIP Oconditional Inspection OAnnual OUnknown Date Last Inspection:		Lycoming		HIO360-D1A		L-28128	3-51-A		190			13.8	
Eng. 4 Last Inspection Type Di00-Hour O Continuous Airworthiness O AAIP O Conditional Inspection O Annual O Unknown Date Last Inspection: Atifframe Total Time: Ati47.8 hrs hours measured at (Select one) O Last Inspection O Time of Accident/Incident Type of Maintenance Program (Select one) O Conditional (Amateur-built only) Manufacturer's Inspection Program O Other Approved Inspection Program O Other, specify: Dother, specify: Description of Fire Extinguishing System O None Specify: Hand held bottle mounted in cockpit Autorial Divided Pitch O Continuous Airworthiness O Fixed Pitch O Controllable Pitch O Ground Adjustable Manufacturer: Model: Model: Model: Manufacturer: Model: Model: ELT Installed: O Yes O No If Yes: ELT Installed: O Yes O No Under Part No.: TSO No.: O C91 (121.5 MHz) O C91a (121.5 MHz	Eng. 2			<u> </u>		 							
Last Inspection Type Di00-Hour								-	-				
OControllable Pitch		· T			Propelle	er 1	OFixed Pit	ch	Prope	ller 2		Fixed Pitch	
Manufacturer: Model: Model:					Порел	.1 1	O Controlla	ible Pitch	Trope	nei 2	0	Controllable P	
Model Mode	OAAIP	O Cond			Manufac	turer:	5-35 V		Manu	f. aturar		Ground Adjus	table
Conditional (Amateur-built only) Conditional (Amateur-built only) Conditional (Amateur-built only) Continuous Airworthiness Cother Approved Inspection Program (AAIP) Cother Approved Inspection Program (AAIP) Cother Approved Inspection of Fire Extinguishing System Cockpit Cockpi	O Annua					tuici.				_			
Airframe Total Time: 4147.8 hrs hours measured at (Select one) O Last Inspection O Time of Accident/Incident Type of Maintenance Program (Select one) Annual O Conditional (Amateur-built only) Manufacturer's Inspection Program O Other Approved Inspection Program O Other Approved Inspection Program (AAIP) Continuous Airworthiness O Other, specify: D None O Specify: Hand held bottle mounted in cockpit Maintenance Program (Select one) If Yes: LLT Manufacturer: Model or Part No.: TSO No.: O C91 (121.5 MHz) O C91a (12	Date La	st Inspection:			_	etalled:	OVec ON	lo			nment (Chaob all that	
Conditional (Amateur-built only) Continuous Airworthiness Cother, specify: Condition of Fire Extinguishing System Cockpit Co	\irfram	e Total Time:			20000000	tanca.	0163	O			ipment (MELK UII IIIUI	appry
O Last Inspection O Time of Accident/Incident Sype of Maintenance Program (Select one)		_				nufacture	er:		(A)				
Data Recorder Data Recorde				ecident/Incident	Model or	Part No.:	:		- Auto		ek Indicatoi		
Annual Conditional (Amateur-built only) Manufacturer's Inspection Program Other Approved Inspection Program (AAIP) Continuous Airworthiness Other, specify: Description of Fire Extinguishing System None Specify: Hand held bottle mounted in cockpit Was ELT still mounted in aircraft? Oyes Ono Was ELT still connected to antenna? Oyes Ono Did ELT Activate? Oyes Ono Did ELT Activate? Oyes Ono Did ELT Activate? Oyes Ono Did ELT Activated: Did ELT Aid in Locating Aircraft: Oyes Ono Display Onboard Weather Satellite Tracking Device Satellite Tracking Device Other, Specify: Other, Specify: Did ELT Aid in Locating Aircraft: Oyes Ono Display Onboard Weather Satellite Tracking Device Other, Specify: Other, Specify: Other, Specify:	ype of	Maintenance P	rogram (Sei	lect one)	TSO No.:			.'91a (121.5 MH	Iz) 🗖 Data	Recorder		" IA D	or a congress
Conditional (Amateur-built only)	3 Annua	al			Was ELT	-		o Ovas ON					ice
Did ELT Activate? OYes ONo Handheld GPS Continuous Airworthiness Did ELT Activate? OYes ONo If activated: Did ELT Aid in Locating Aircraft: OYes ONo Continuous Airworthiness Did ELT Aid in Locating Aircraft: OYes ONo Continuous Airworthiness Did ELT Aid in Locating Aircraft: OYes ONo Continuous Airworthiness Did ELT Aid in Locating Aircraft: OYes ONo Continuous Airworthiness Did ELT Aid in Locating Aircraft: OYes ONo Continuous Airworthiness Cont									o Elect	tronic Prin	nary Flight		
Other, specify: Description of Fire Extinguishing System None Specify: Hand held bottle mounted in cockpit Did ELT Aid in Locating Aircraft: OYes ONo If not activated: Indicate Reason: Impact Damage Impact Damage Impact Damage Other, Specify: Battery Expired/Damaged Onboard Weather Satellite Tracking Device Istall Warning System Other, Specify: Other, Specify:	Other .	Approved Inspecti	ion Program ((AAIP)			OYes ONe)	000 000 000 000 000 000 000 000 000 00				
Description of Fire Extinguishing System O None Specify: Hand held bottle mounted in cockpit If not activated: Indicate Reason: Impact Damage Impact Damage Impact Damage Other, Specify: Battery Expired/Damaged			SS				casting Aircraft	OVac ON	Onbo	oard Weat	her		1
None			in quishing	Sections			canng Aircran.	Ores One	Sate		~		
Specify: Hand held bottle mounted in cockpit Specify: Hand held bottle mounted in Cockpit Battery Expired/Damaged	O None	10h of the Ext	inguisning a	System			□ Impact Dama	nge					
	Specif	y Hand held b	ottle moun	ited in			☐ Fire Damage	_					
L TOWN TO THE TAX TO T		cockpit					☐ Battery Expir ☐ Unknown	ed/Damaged					

OWNER/OF	PERATOR INFORMA	ATION						
Registered Air	craft Owner			City:				
Name: Canyor	State Aero LLC			State: AZ	ZIP: 85296			
Fractional Own	ership Aircraft: O Yes ©) No		Country: USA	211			
Operator of Ai	rcraft	egistered Owner		✓ Same Address as Registered (Owner			
				71—6				
					ZIP:			
		er Code):		Country:				
		1						
Operating Cert (Check all that app		Regulation Flight Condu	cted Under	Revenue Operation for FA (Select one for each group)	R 121, 125, 129, 135			
□None □Flag Carrier Op □Supplemental □Air Cargo	☐ Flag Carrier Operating Certificate (FAR 121)			O Scheduled or Commuter O Non-Scheduled or Air Taxi	O Domestic O International			
☐Foreign Air Car ☐Rotorcraft Exte	rnal Load (FAR 133) Carrier (FAR 135)	O FAR 91 Special Flight O Non-US, Commercial O Non-US, Non-commercial	OFAR 437	O Passenger O Cargo O Mail Contract Only				
☐ Commercial Air ☐ Agricultural Air ☐ Pilot School (FA	r Tour (FAR 136) reraft (FAR 137)	OPublic Aircraft (Select one) O Armed Forces		Purpose of Flight for FAR 9 (Select one))1, 103, 133, 137			
☐ Certificate of A☐ Commercial Space			O Aerial Observation OF OAir Drop	Firefighting OUnknown Flight Test Glider Tow				
☐Commercial Spa	ace Transportation License of Large Aircraft	OUnknown		O Banner Tow	Instructional Other Work Use			
	OI LANGE			O Business OP	Personal Positioning			
Davanue Sights	essing Flight	Air Madical Elight		O External Load OS	Skydiving			
Revenue Sightseeing Flight Air Medical Flight								
OYes O		O Yes O No		O Ferry				
OYes O	No	O Yes O No	on approact		or within 3 miles of an airport)			
OYes O	No NFORMATION (Fill in i	O Yes O No		h, landing, takeoff, departure,	or within 3 miles of an airport)			
OYes O AIRPORT IN Airport Name:	No NFORMATION (Fill in i	O Yes O No	Dis	ch, landing, takeoff, departure, stance From Airport Center:	sm			
O Yes O AIRPORT IN Airport Name: Airport Identifie	No NFORMATION (Fill in i	O Yes O No	Dis	h, landing, takeoff, departure,	smdegrees true			
O Yes O AIRPORT IN Airport Name: Airport Identifie	No NFORMATION (Fill in i er: rport: OOff Airport/Airstrip	O Yes O No	Dis Dir Air	ch, landing, takeoff, departure, stance From Airport Center: rection From Airport: rport Elevation:	sm degrees true ft_msl			
O Yes O AIRPORT IN Airport Name: Airport Identific Proximity to Air Runway Inform	No NFORMATION (Fill in i er: rport: OOff Airport/Airstrip	O Yes O No if accident/incident occurred O On Airport/Airstrip C	Dis Dir Air Con	stance From Airport Center: rection From Airport: rport Elevation: dition of Runway/Landing Su	smdegrees trueft. msl urface (Check all that apply) apacted			
O Yes O AIRPORT IN Airport Name: Airport Identific Proximity to Air Runway Inform Runway ID: Runway/Landin Asphalt Concrete	Processing Surface (Check all that an Gravel Metal)	O Yes O No if accident/incident occurred O On Airport/Airstrip C fit Width: pply) dam	Dis Dir	stance From Airport Center: rection From Airport: rport Elevation: dition of Runway/Landing Su Ory Snow-Com Holes Snow-Crus ce Covered Snow-Dry Rubber Deposits Soft	degrees true ft. msl urface (Check all that apply) pacted Water-Calm sted Water-Glassy Wet			
O Yes O AIRPORT IN Airport Name: Airport Identific Proximity to Air Runway Inform Runway ID: Runway/Landin Asphalt	Property Off Airport/Airstrip (L/R/C) Length: g Surface (Check all that ap Grass/Turf Macad	O Yes O No if accident/incident occurred O On Airport/Airstrip C fit Width: pply) dam	Dis Dir	stance From Airport Center: rection From Airport: rport Elevation: dition of Runway/Landing Sury Holes Cory Snow-Com Holes Snow-Dry Rough Snow-Wet	degrees true ft. msl urface (Check all that apply) pacted			
Airport Name: Airport Identific Proximity to Air Runway Inform Runway ID: Runway/Landin Asphalt Concrete Dirt Approach/Depar	Processing Surface (Check all that an Gravel Metal)	Yes No if accident/incident occurred O On Airport/Airstrip C ft Width:	Dis Dir	ch, landing, takeoff, departure, stance From Airport Center: rection From Airport: rection From Airport: rection From Airport: rection From Airport rection From From From From From From From From	degrees true ft. msl urface (Check all that apply) pacted Water-Calm sted Water-Glassy Wet			
Airport Name: Airport Identific Proximity to Air Runway Inform Runway ID: Runway/Landin Asphalt Concrete Dirt	No NFORMATION (Fill in integration (L/R/C) Length: Grass/Turf Macac Gravel Metal, lice Snow	O Yes O No if accident/incident occurred O On Airport/Airstrip C ft Width: pply) dam	Dis Dir	stance From Airport Center: rection From Airport: report Elevation: Indition of Runway/Landing Surver Snow-Complete Snow-Crustee Covered Snow-Dry Snow-Wet Rubber Deposits Soft Vegetation ODownwind OLoo OBase OGo OFinal	degrees true ft. msl urface (Check all that apply) pacted Water-Calm sted Water-Glassy Wet			
Airport Name: Airport Name: Airport Identific Proximity to Air Runway Inform Runway ID: Runway/Landin Asphalt Concrete Dirt Approach/Depart OTaxi OTakeoff OInitial Climb	rture Segment (Select one) NFORMATION (Fill in	O Yes O No if accident/incident occurred O On Airport/Airstrip C ft Width: pply) dam	Dis Dir Air Con	stance From Airport Center: rection From Airport: report Elevation: Indition of Runway/Landing Surver Snow-Complete Snow-Crustee Covered Snow-Dry Snow-Wet Rubber Deposits Soft Vegetation ODownwind OLoo OBase OGo OFinal	degrees true ft. msl murface (Check all that apply) pacted Water-Calm Water-Choppy Water-Glassy Wet Unknown aw Approach o Around borted Landing (after touchdown) aknown			
Airport Name: Airport Name: Airport Identific Proximity to Air Runway Inform Runway ID: Runway/Landin Asphalt Concrete Dirt Approach/Depart OTaxi OTakeoff OInitial Climb	No NFORMATION (Fill in in in items In	O Yes O No if accident/incident occurred O On Airport/Airstrip C ft Width: pply) dam	Dis Dir Air Con	ch, landing, takeoff, departure, stance From Airport Center: rection From Airport: rection From Airport: rection From Airport: rection From Airport: rection From Airport rection	degrees true ft msl urface (Check all that apply) pacted			
AIRPORT IN Airport Name: Airport Identific Proximity to Air Runway Inform Runway ID: Runway/Landin Asphalt Concrete Dirt Approach/Depart OTaxi OTakeoff OInitial Climb	No NFORMATION (Fill in in in items In	O Yes O No if accident/incident occurred O On Airport/Airstrip C ft Width: pply) dam	Dis Dir Air Air Con	ch, landing, takeoff, departure, stance From Airport Center: rection From Airport: rection From Airport: rection From Airport: rection From Airport: rection From Airport rection	degrees true ft. msl urface (Check all that apply) pacted			

"FLIGHT CREWMEM	BER 1" INFO	RMATI	ON							
"Flight Crewmember 1" Re Pilot O Co-Pilot	sponsibilities at th O Student Pilot	e Time o		ocident O Check Pilot	O Fli	ght Engineer	O Other	Flight Crew	ñ	
"Flight Crewmember 1" wa	s pilot flying	Yes 🗖 i	No		1 100 00000					
"Flight Crewmember 1" Ide	entification					***				
First Name: Joe					City of R	esidence:	Mesa			
Middle Initial: D						z -		ZIP: 8521	13	
Last Name: Johnston					Country:			211 . 002 1		-
Age at time of	Accident/Incident:	47	Date of	Rirth:	/19		nm/dd/yyyy			_
rige di time or	/ recident incident.		ertificate Nu		10	10 .	, , , , , , ,			
Degree of Injury	Seat Occupied		crimeate ivui		estraint T	vne		T	Inflatable	Restraints
O None O Fatal	A 130 ST 100	O Front	O Unkno				*1.		mnatable	ixesti aints
Minor O Unknown	O Right	O Rear	1000		Availab O None		O None		✓ Not In	stalled
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□ None		imercial ine Transp	ort	11 11 11 11 11 11 11 11 11 11 11 11 11	O 5-po	int	O 5-poin	t l	Unkno	
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Principal Occupation N	1edical Certificate			M	adical Ca	rtificate V	alidity		Date of La	st Medical
g 150 K	None OCI			- 1		mitations/wa	1.75	Jnknown	Date of De	ist intentent
⊙ Other	Class 1 ODr		nse (Sport Pilo	t only)	With limit	ations/waive			10/11/20	
		known		0	Special Iss	uance			mm/dd/j	999
Medical Certificate Limitati	ons									
Medical Certificate Special I	ssuance			15.07.00			=======================================			
Date of Last Flight Review		Flight	Review Air	craft						
or Equivalent, Including		1000								
FAR 121/135 Checks:	mm/dd/yvvy	Model		***						
Airplane Rating(s)	Other Aircraft R	200000000000000000000000000000000000000	-	ent Rating(9)	Instructo	r Rating(s)			
(Check all that apply)	(Check all that apply	495	a Charles of the same	I that apply)	,	(Check all		S.		
None	☐ None		☐ None			☐ None			Instrument	
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship☐ Balloon		☐ Airpla ☐ Helico	nne			e Single-Eng		Instrument	Helicopter
■ Multiengine Land	☐ Glider		☐ Power			Gyropl	e Multi-Engi ane		☐ Helicopter☐ Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					☐ Powere	d Lift		Sport	
	☐ Powered Lift									
Type Ratings						Student I	Endorseme	nts (Include	dates)	
12000 g 3500			Airplane		Т	Total				I
Flight Time (Enter appropriate number of hours in each box)	The state of the s	s Make Model	Single	Airplane Multiengine	Night		Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time	156	130	Engine	Nuttiengine	Night	Actual	67	156	Gnaer	Than Air
Pilot in Command (PIC)	6	6					07	6		
Time as Instructor						1	2 12 10			
This Make/Model										A PART SHEET
Last 90 Days	76									
Last 30 Days	25			2						
Last 24 Hours										

"Flight Crewmember 2" Res		MATIO	IV						
OPilot OCo-Pilot			ccident/Inciden		ight Engineer	OOther	Flight Crew		
"Flight Crewmember 2" was	s pilot flying 🔲 Y	es 🔲 N	lo						
"Flight Crewmember 2" Ide	ntification								10.70
First Name:				City of F	lesidence:				
Middle Initial:									
Last Name:									
	Accident/Incident:								
Age at time of F	ceident/meident.		ficate Number:			n aa jyjj			
Degree of Injury	Seat Occupied	Cern	ficate Number:	Restraint	Type			In Catable 1	D4
O None O Fatal		O Front	OUnknown					Inflatable	Restraints
O Minor O Unknown O Serious	O Right (ORear OSingle		Availa O Noi O Lar	ne	O None O Lap on	lv.	□ Not Ins	
Pilot Certificate(s) (Check all	that apply)			O 3-p		O 3-point		□ Not De	
☐ None ☐ Flight Ir	structor	nercial	■ US Military	O 4-p		O 4-point		Deploy	
☐ Private ☐ Recreati ☐ Student ☐ Sport		e Transport	☐ Foreign	O 5-p O Uni		O 5-point O Unknow		Unkno	WII
☐ Student ☐ Sport	☐ rugu	t Engineer							
Principal Occupation M	ledical Certificate			Medical C	ertificate Va	lidity		Date of La	st Medical
	None O Clas				imitations/wai	_	Inknown		
0	Class 1 O Driv		e (Sport Pilot only)	O With lim O Special Is	tations/waiver	s O N	J/A	mm/dd/y	VVV
Medical Certificate Limitatio				• Special I	stance				
Medical Certificate Ellintatio	7115								
Medical Certificate Special I	ssuance								
Date of Last Flight Review		Flight R	eview Aircraft						
or Equivalent, Including FAR 121/135 Checks:									
FAR 121/155 CHECKS:		Make:							
	mm/dd/yvvy	1							
Airplane Rating(s)	mm/dd/yyyy Other Aircraft Rai	Model: _	T						_
Airplane Rating(s) (Check all that apply)		Model: _		ating(s)		Rating(s)			
(Check all that apply) ☐ None	Other Aircraft Rat (Check all that apply) None	Model: _	Instrument R (Check all that a	ating(s)	Instructor (Check all 11	Rating(s)		Instrument A	
(Check all that apply) ☐ None ☐ Single-Engine Land	Other Aircraft Rat (Check all that apply) None Airship	Model: _	Instrument R (Check all that a	ating(s)	Instructor (Check all the None Airplane	Rating(s) nat apply) Single-Engir	ne 🗆	Instrument A	lelicopter
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	Other Aircraft Rat (Check all that apply) None Airship Balloon Glider	Model: _	Instrument R (Check all that a	ating(s)	Instructor (Check all 11	Rating(s) nat apply) Single-Engin Multi-Engine	ne 🗆	Instrument A Instrument H Helicopter Glider	lelicopter
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rat (Check all that apply) None Airship Balloon Glider Gyroplane	Model: _	Instrument R (Check all that a None Airplane Helicopter	ating(s)	Instructor (Check all th □ None □ Airplane □ Airplane	Rating(s) nat apply) Single-Engir Multi-Engine	ne 🗆	Instrument A Instrument H Helicopter	lelicopter
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rat (Check all that apply) None Airship Balloon Glider	Model: _	Instrument R (Check all that a None Airplane Helicopter	ating(s)	Instructor (Check all th None Airplane Gyroplar	Rating(s) nat apply) Single-Engir Multi-Engine	ne 🗆	Instrument A Instrument H Helicopter Glider	lelicopter
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(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rat (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter	Model: _	Instrument R (Check all that a None Airplane Helicopter	ating(s)	Instructor (Check all the None Airplane Gyroplane Powered	Rating(s) nat apply) Single-Engin Multi-Engine te Lift	ne 🔲	Instrument A Instrument H Helicopter Glider Sport	lelicopter
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rat (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter	Model: _	Instrument R (Check all that a None Airplane Helicopter Powered Lift	ating(s)	Instructor (Check all the None	Rating(s) nat apply) Single-Engine Multi-Engine E Lift	ne 🔲	Instrument A Instrument H Helicopter Glider Sport	lelicopter
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft Rat (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift All This	Model: _	Instrument R (Check all that a None Airplane Powered Lift Airplane Single Air	ating(s)	Instructor (Check all the None	Rating(s) nat apply) Single-Engin Multi-Engine te Lift	ne 🔲	Instrument A Instrument H Helicopter Glider Sport	lelicopter
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings	Other Aircraft Rat (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift All This	Model: _ ting(s)	Instrument R (Check all that a None Airplane Powered Lift Airplane Single Air	ating(s)	Instructor (Check all the None	Rating(s) nat apply) Single-Engine Multi-Engine Lift adorsement	ne c c c c c c c c c	Instrument A Instrument H Helicopter Glider Sport	Lighter
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC)	Other Aircraft Rat (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift All This	Model: _ ting(s)	Instrument R (Check all that a None Airplane Powered Lift Airplane Single Air	ating(s)	Instructor (Check all the None	Rating(s) nat apply) Single-Engine Multi-Engine Lift adorsement	ne c c c c c c c c c	Instrument A Instrument H Helicopter Glider Sport	Lighter
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	Other Aircraft Rat (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift All This	Model: _ ting(s)	Instrument R (Check all that a None Airplane Powered Lift Airplane Single Air	ating(s)	Instructor (Check all the None	Rating(s) nat apply) Single-Engine Multi-Engine Lift adorsement	ne c c c c c c c c c	Instrument A Instrument H Helicopter Glider Sport	Lighter
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor This Make/Model	Other Aircraft Rat (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift All This	Model: _ ting(s)	Instrument R (Check all that a None Airplane Powered Lift Airplane Single Air	ating(s)	Instructor (Check all the None	Rating(s) nat apply) Single-Engine Multi-Engine Lift adorsement	ne c c c c c c c c c	Instrument A Instrument H Helicopter Glider Sport	Lighter
(Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings Flight Time (Enter appropriate number of hours in each box) Total Time Pilot in Command (PIC) Time as Instructor	Other Aircraft Rat (Check all that apply) None Airship Balloon Glider Gyroplane Helicopter Powered Lift All This	Model: _ ting(s)	Instrument R (Check all that a None Airplane Powered Lift Airplane Single Air	ating(s)	Instructor (Check all the None	Rating(s) nat apply) Single-Engine Multi-Engine Lift adorsement	ne c c c c c c c c c	Instrument A Instrument H Helicopter Glider Sport	Lighter

ADDITIONAL FL	IGHT CREWMEN	IBERS (Exclusiv	ve of cabin c	rew, complet	te the following	ng information)	
Crew Name and Ad							Seat Occupi		Injury
First Name:		City	of Reside	ence:			O Left	O Front O Rear	O None
Middle Initial:		State	2:		ZIP:		O Center O Right	O Single	O Minor O Serious
Last Name:		Cour	ntry:		-W	_		O Unknown	O Fatal O Unknown
Pilot Certificate(s)	(Check all that apply)						Restraint Ty		Inflatable
None	Flight Instructor		nmercial		S Military		Available O None	O None	Restraints
☐ Private☐ Student	☐ Recreational ☐ Sport		ine Trans ht Engine		reign		O Lap Only		☐ Not Installed☐ Installed☐
□ Studen	🗀 эроп	— 1 115	III Engua				O 3-point O 4-point	O 3-point O 4-point	■ Not Deployed
Type Rating/Endors				light Time a			O 5-point O Unknown	O 5-point	□ Deployed□ Unknown
Accident/Incident A	ircraft?	□ No of this Accident/Incident:hrs				hrs	Olikilosai	Olikiowii	
Crew Name and Add	dress						Seat Occupi	ed	Injury
		City	of Reside	nce:			O Left	O Front	O None
Middle Initial:					ZIP:		OCenter ORight	O Rear O Single	O Minor O Serious
							Origin	OUnknown	O Fatal
									O Unknown
Pilot Certificate(s)		_		_			Restraint Ty Available	pe: Used	Inflatable Restraints
☐ None ☐ Private	☐ Flight Instructor ☐ Recreational		mercial ne Transi		S Military reign		O None	O None	■ Not Installed
Student	Sport		nt Engine		101511		O Lap Only O 3-point O 3-point	☐ Installed	
Tyne Rating/Endors	ement for		Total F	light Time a	t the Time		O 4-point O 5-point	O 4-point	☐ Not Deployed ☐ Deployed
Accident/Incident Ai			Type Rating/Endorsement for Accident/Incident Aircraft?					O 5-point O Unknown	Unknown
				teriacii inc	ideiit.	111.0	O Unknown	0	
PASSENGER(S)	OTHER PERSO								
PASSENGER(S) Name and Address	OTHER PERSO						t if necessary)		Age
Name and Address		NNEL (I	nclude o	Seat	Injury	Restraint T	t if necessary) ype Used	Inflatable Restraints	
	City :	NNEL (I	nclude o	abin crew; c	ontinue on s	Restraint T Available ONone OLap Only	ype Used O None O Lap Only	Inflatable Restraints Not Installed	Age Under 5 years
Name and Address First Name:	City :	NNEL (II	nclude o	Seat OLeft OCenter ORight	ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point	ype Used O None Lap Only O 3-point	Inflatable Restraints Not Installed Installed Not Deployed	☐ Under 5 years If Under 5.
Name and Address First Name: Middle Initial:	City :	NNEL (II	nclude o	Seat OLeft OCenter	Injury ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point	ype Used O None O Lap Only	Inflatable Restraints Not Installed	☐ Under 5 years
Name and Address First Name: Middle Initial: Last Name: OCrew	City: State: Country: OPassenger	NNEL (II	nclude c	Seat OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used	Inflatable Restraints Not Installed Installed Not Deployed Deployed	Under 5 years If Under 5. O Child Restraint O Lap-Held
Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : State: 7 Country: OPassenger City :	NNEL (III	nclude c	Seat OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone	vpe Used O None O Lap 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. O Child Restraint O Lap-Held
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial:	City : 7 State: 7 Country: OPassenger City : State: 7	NNEL (III	nclude c	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	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 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 Deployed Unknown Not Installed Installed Installed Not Deployed	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:	City : 7 State: 7 Country: OPassenger City : State: 7	NNEL (III	er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	ONone OMinor OSerious OFatal OUnknown ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	ype 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 Not Installed Installed Deployed Unknown Not 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
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew	City:	O Oth	er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OFatal OFATA OFATA OFATA OFATA OFATA	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O5-point OUnknown Available	Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed 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
Name and Address First Name: Middle Initial: Last Name: OCrew First Name: Middle Initial: Last Name: OCrew First Name:	City : State: 7	O Oth	er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	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 OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O5-point OUnknown Available ONone	used None Lap Only 3-point 4-point 5-point Used None Lap Only 3-point Unknown Used None Lap Only 3-point 4-point C4-point C4-point C4-point C5-point Unknown Used None None None None None None	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Deployed Unknown 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
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 OPassenger City: State: State: Zountry: OPassenger	O Oth	er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row: Row: Row:	ONone OMinor OSerious OFatal OUnknown 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 O4-point O4-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point	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 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 None O Lap Only O 3-point	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Unknown Not Installed Installed Installed 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
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: Last Name:	City : Zitate:	O Oth	er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown OUnknown OUnknown OUnknown OUnknown OUnknown	ONone OMinor OSerious OFatal OUnknown 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 OUnknown Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O1-point OUnknown	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 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 1-point O 1-po	Inflatable Restraints Not Installed Installed 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
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 OPassenger City: State: State: Zountry: OPassenger	O Oth	er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OLap Only O3-point OLap Only O3-point OLap Only O3-point OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O1-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 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 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 5-point O Unknown	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed Installed Not Deployed Unknown Not Installed Installed 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,
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: Last Name:	City:	OOth	er er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OLap Only O3-point OLap Only O3-point OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point OLap Only O3-point O4-point O4-point O5-point OUnknown Available	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 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	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown Not Installed Deployed Unknown Not Installed Installed Installed Installed 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 If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address First Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: Count	O Oth	er er	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OUnknown OUnknown OUnknown OUnknown OUnknown OUnknown	ONone OMinor OSerious OFatal OUnknown 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 OUnknown Available ONone OLap Only O3-point O4-point ONone OLap Only O3-point O4-point O4-point O4-point O5-point O4-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 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 4-point O 5-point O Unknown Used O None O Lap Only O None O Lap Only	Inflatable Restraints Not Installed Installed Deployed Unknown Not Installed Installed Not Deployed Unknown Not Installed Installed Deployed Unknown Not 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
Name and Address First Name:	City: State: Country: OPassenger City: State: Country: OPassenger City: State: Country: OPassenger City: State: State: Zountry: OPassenger City: State: Zountry: OPassenger	O Other	er er	Seat OLeft OCenter ORight OUnknown Row:	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 OUnknown Available ONone OLap Only O3-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 ONone	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 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 4-point O 5-point O Unknown	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	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

FLIGHT ITINERARY	(INFORMATIO	N							
Last Departure Point		ne of Departure	e Destination	ion		Type Fligh	it Plan Fi	led	
Airport ID: KFFZ	_ _{Tim}	0-15am	Airport ID:	P08		None		O VFR/IFR	
City: Mesa		ne: 9:15am	City: Coo	olidge		O Company O Military		O IFR O Unknown	
State: AZ	Tim	ne Zone: Mountain				O VFR	NTK	O Ulikilowii	
Country: USA			Country: L				OYes (ONo OUnkr	nown
Type of ATC Clearance/S	rame one Williamson								
VFR	Special VFR IFR	□ VF	Pecial IFR FR On Top		☐ VFR Flight Follo ☐ Traffic Advisory	-	☐ Cruise ☐ Unkno		
☐ Class B☐ Class C☐ Class D☐ Class E☐	☑ Class G ☐ Demo Area ☐ Warning Area ☐ Prohibited Area ☐ Restricted Area	☐ Mil ☐ Air ☐ Jet ☐ TRS ☐ FAI	ilitary Operations rport Advisory Ar Training Area SSA JR 93	rea	□Special □Air Traffic Contr □Unknown	ol Area	Altitud Occurr 500		
WEATHER INFORM		ACCIDEN'	T/INCIDEN	7					
Source of Pilot Weather In	nformation			1	servation Facility				
□ National Weather Service	☐ Com	onany	1						
☐ Flight Service Station	☐ Milit	itary	,		me:				
☐ TV/Radio ☐ Automated Report	☐ Inter		1						
Commercial Weather Service			1	1	Accident Site:				
On-Board Weather		T		Direction from	Accident Site:		_ degrees to	rue	
Basic Conditions O VMC		Light Conditi ODawn	ion ODusk	O Dark	Night Q Unl				
OIMC		ODawn ODay	ONight	O Dark O Brigh		anown			
O Unknown			-	(1) - (2) - (3) - (4)					
Sky/Lowest Cloud Conditi		Ceiling		The state of the s	Temperature:	((C) or <u>70</u>	(F)	
O Clear	O Thin Broken O Thin Overcast	O None (Clear) O Broken		Obscured Indefinite	Dew Point:	(C) or	(F)	
O Partial Obscuration	O Unknown	O Overcast	100	Unknown					
O Scattered					Altimeter Setti	ng:		5	
Lowest Cloud Condition F		Ceiling Height	t	Δ and		G1	****		
	ft agl			ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles		
✓ Variable	☑ Calm		✓ Not Gusting	ıg					
0.0	☐ Light and Varia	ble							
-or- Direction: degrees true	e Speed:	kts	-or- Speed:	kts	Density Altitud			ì	
Intensity of Precipitation	Type of Precipita				Restriction to V				
OLight	☑ None	Drizzle	□ Freezing	Rain	✓ None	□ Fo		арріу)	
O Moderate	□ Rain	☐ Ice Pellets	☐ Snow Sh	hower	☐ Blowing Dus	t 🔲 Gi	round Fog		
O Heavy O N/A	Snow Hail	☐ Snow Pellets ☐ Snow Grains			☐ Blowing Sand		aze e Fog		
OUnknown	Rain Showers	☐ Ice Crystals		BILLER	☐ Blowing Spra	ay 🔲 Sr	noke		
					Dust	□ Uı	nknown		
Icing Forecast Amount Type	J	Icing Actual Amount	Type		Turbulence	1 b.i	Cayou	¥2	
		None	Type O N/A		Type (Check all None	that apply)	Sever DLig	ght	
O Trace O Rime	1	O Trace	O Rime		Clear Air	- 4	10-20-20	oderate	
O Light O Clear O Moderate O Mixed		O Light O Moderate	O Clear O Mixed		☐ Terrain-Induc ☐ Convective To		□Sev □Ex	vere treme	
O Severe O Unknow		O Severe	O Unkno				_		
OUnknown		O Unknown			=				
NOTAMs (D and FDC),	AIRMETs, SIGM	ETs, PIREPs	in effect at t	he time of the	e accident/incide	ent:			
									- 1

DAMAGE	TO AIRCRAFT A	ND OTHER PR	ROPERTY		
Aircraft Dat O None O Minor	mage ⊙ Substantial ○ Destroyed ○ Unknown	Aircraft Fire None In-Flight 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 Damage to Aircraft a	nd Other Property	(Use additional sheet if necessary)		
Totaled					
	E HISTORY OF FLI				
wreckage di	stribution sketch if pertin Provide as much detail as	ent. Attach extra she	ng circumstances leading to and nat ets if needed. State departure time an	ture of accident/incide d and location, service:	nt. Describe terrain and includ s obtained, and intended
Approx.0900 Hughes 269 521AR) hours				
	at approximately 0900 ith at approximately 20		icting a solo flight to Coolidge airpe	ort working on my co	mmercial license. I was
From checki information. was in use.	ng the weather the day At this time the winds	prior the AWOS a were from a directi	t Coolidge was out of service, so a on I can not remember and the wi	as I passed KIWA to nds were 5 KTS. I d	the east I obtained the ATIS o remember that runway 12
			ely 65-70 KTS. I maintained a scand no issues were noted.	an of manifold pressu	ire, altitude, airspeed and
thought was did not roll be no change. ground, rollir which was fa	to make a precautiona ack out of the friction. At this time I was close gone time onto the rigacing up. Once I realize	ry landing as some As I rolled the throt to the ground, picl ht side of the aircra ed there was no fire	nt and I looked at the rpm gauge a ething might be wrong. I then thou ttle further on, there was no respor ked a spot in the open desert and aft. I immediately released my sh e or smoke I reached back in and fuel leaking so I pulled the mixture	ght that I would chec nse, I then rolled it sli just before touchdow oulder harness and e shut off all the electr	k the throttle to make sure it ightly off and there still was in I flared and impacted the exited through my open door ical switches and the battery.
At this time I	waited for medical sen	vices to arrive.			
I contacted F	Ron Baier of Canyon sta	ate Aero and advis	sed him, I contacted the Mesa Poli	ce Aviation section a	nd also 911 for Pinal County.
PRE FLIGHT	ī:				
During pre fli	ght nothing out of the o	rdinary was observ	ved, everything seemed to be world	king fine.	
Fuel on boar	d:				
I added 15 ga Fuels receipt		or to the flight whic	h gave me a total of approximatel	y 25 gallons. The fu	el was received by Falcon
No further inf	formation at this time.				
Joe Johnstor	1.				

RECOMMENDATION (How o	could this accident/incident	have been prevented?	")		
Operator/Owner Safety Recommen					
MECHANICAL MALFUNC	CTION/FAILURE (If me	ore snace is needed c	ontinue on sens	rate sheet)	
Was there Mechanical Malfunction			ontinue on sepa	ilate Sileet)	Total Time/Cycles
(If yes, list the name of the part, manufac	cturer, part no., serial no., and d	escribe the failure.)			On Part
Unknown					Hours
					Cycles
					Time Since This Part
					Inspected/Overhauled
					Hours
FUEL & SERVICES INFOR	RMATION				
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	Fuel Type	•			
	0 80/87 100 Low Lead	O 115/145 O Jet A	O Jet B O JP8	O Other, specify	
	0 100/130	O Jet A-1	O Automotive	2	
Other Services, if Any, Prior to De	eparture				
FV4 CU 4 TION OF A IRODA	A ==				
EVACUATION OF AIRCRA					
Was an emergency evacuation of the		☐ Yes ☐ No			
Method of Exit – Describe how the			ed each location		
Helicopter was on right side, so h	ne must have exited out lef	t entry			
OTHER AIRCRAFT - COL	LISION (Main or around	Water			
					age to Other Aircraft
357	anufacturer:odel:			□ De:	stroyed
Registered Owner of Other Aircra			Other Aircraft	□ Sul	ostantial None
Name:					
City:		City:		ZIP:	
State: ZIP:		State: Country:		_ZIP:	

ADDITIONAL IN	FORMAT	TON (Please type or print in ink)			
		ce is needed for any answers.			
		HE ABOVE INFORMATION IS COMPLE		TE TO THE BEST OF	MY KNOWLEDGE
Date of this Report	l	Pilot/Operator: Canyon State Aero LLC			
5/2/2017 mm/dd/yyyy		e:			
	OF	✓ Check here to electronically sign this of	locument		
		perator is Filing Report			
Name: Joe Joh				Title: Pilot	
		o electronically sign this document			
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NTSB Accident/Incid	N.	FOR NTSB U			
WPR17LA093	ent No.	Reviewed by NTSB Regional Office WPR- San DImas	Name of Investigat Patrick Jones	tor	Date Report Received 05/03/2017