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

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

	anganganangan Manganangan												
	t/Incident Locs						Ac	cident/Inci	lent Date/	ime			
	ity/Place: Chica			<del></del>	State: 11	<del></del>	Dat	e: <u>08/</u>	02/2015	Loc	al Time:	4:10	
ZIP: 606	366 C	ountry: <u>USA</u>	\						d/yyyyy				
Latitude:	N/A		Longitude: N/A							Lin	ne Zone: _(	DT	
	(Enter in decima	degrees or de	grees:minutes:sec	onds)			Co	llision with	Other Air	craft: O	Midair	OOn-ground	d   None
Strato invidenda	મ્યું સ્ટ્રેસિય <b>ા અ</b> ન્યું કહેલા સ્ટ્રેસિયા અને સ્ટ	englis optenskipt der vinds i klime	r Professor godstrana		italistimise	Nick of prescious of							
	<u></u>						1		ACCUMULATION OF THE PARTY.	54254259551M-2011II			
~	ition Number: cturer: <u>CESS</u>							🖸 IFR-Equî 🗋 Commerc	ial Space FI				
Manufacturer: CESSIVA  Model: 2088							-	Unmanne		. 0040			
-	umber: 208B		, <u>, , , , , , , , , , , , , , , , , , </u>		······································		Į.	aximum G eight at Ti	-			lbs 13	lbs
Î	Manufacture:						İ	~				w Seats: 2	_
	r-Built: OYes		) Kit/Plans Mak	e: N/A								Seats: 8	
	⊚No	•	Original Design		····			umber of E			- wonerige		
Catego	ry of Aircraft	Type of A	irworthiness Ce	rtificate		Landing G	ear	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Engine	Type (Se	lect one)	
Airpla	ine	(Check all th				(Check all th	_			O Reci	procating	O Liqui	d Rocket
O Balloo	on /Dirigible	Standaro		ted		_	Retr	ractable		O Turb		O Solid	Rocket id Rocket
O Glider	- [	☐ Aeroba	itic  Limited	l		☑ Tricycle			l'ailwheel	OTurb	,	ONone	
O Gyrop O Helica		☐ Balloo			ļ	☐ Amphibi		n High Skid O Turbo Fan			OUnkn	nwo	
OPower		☐ Transp	,			□Emergen □Float	cy F	loat 🔲		OElect	inc		
ORocks	et ·	Utility	Special	Light-Spo		Hull			ski/Wheel	Fuel Su	stem Type	(Reciprocation	70)
OUltral	-		☐ Experim	_		□ Other I o	mek	Recovery S	stem	1	uretor	O Fuel-	_
OUnkn	own		of Authorization	or Waiver Jaknowa	(COA) None Unknown				,				
<del></del>		None	<u> </u>	JURIOWN	<u>,</u>	Livone		Date	Rated Pov	<u> </u>	Total	Time	Since:
<b>\</b> \			Engine			acturer's	- 1	of Mig.	Horse	power or		Inspection	Overhaul
Engine Eng. 1	Engine Manufa P&W CANADA		Model/Series PT6A-140		Serial PCE-V	Number A0217						(hours) 55.4	(hours) 357.1
Eng. 1 Eng. 2	FORT CANADA		F 10A-140		COE+V	MUL I I		U-1/20/2015	20/2015 867		357.1	35.4	301.1
Eng. 3					<b></b>				<del> </del>			<del>                                     </del>	
Eng. 4					<b></b>				1				
	spection Type		******	Propelle	er 1	OFixed OControl			Prop	eller 2	_	Fixed Pitch	Diesk
O100-H		tinuous Airwo	orthiness			<b>⊚</b> Contro <b>⊙</b> Groun					_	Controllable Ground Adju	
	O Con	ditional Inspe		Manufac	turer:	HARTZELL			Мал	ufacturer;	_		
OAnnu			_	Model:	HC-B3	TN-3AF			_ Mod	lel: N/A			
Date L	ast Inspection:	07/25/2 mm/dd/y		ELT In	stalled:	⊙Yes (	ЭΝο		Addit	onal Equ	ipment (	Check all tha	t apply)
Airfrai	ne Total Time:		hrs	If Yes:							1		
	rs measured at (					rer: ARTEX				rframe Par	achute ick Indicate	nt'	
i _	ast Inspection		Accident/Incident			o.: <u>ME-406</u>		01-7101-634	- 🖸 Aı	nopilot			
Type o	Maintenance	Program (S	elect one)	150 NO.		(121.5 MHz) 6 (406 MHz)	UC:	via (121.5 M	7 00	nta Recorde		Handheld De	avice
O Ann	ual	-		Wee EI	_	ounted in airc	ra fir	o over ∩	PRO THE		ignt bag or ultifunction		EVICE
	litional (Amateur					nnected to and			No ZIEI	ectronic Pr	imary Fligh		
	ufacturer's Inspec r Approved Inspe		(AAIP)	1		e? OYes (	<b>O</b> NO			andheld GF eads Up Di			
O Cont	inuous Airworthi		,	If active		TAt = A *	<b>P</b> 4	OV 0		ıboard We	ather		
<b></b>	r, specify:			4		Locating Airc	ratt:	UYes Of	1		king Devic	e	
Descri Nor	ption of Fire E	xtinguishing	g System		ctivated: Reason:		lama	ae		ali Warnin ideo Recon	g System ding Device	ė	
O Spe						Fire Dan	nage	_		ther, Specif			
						Battery H	Expir	ed/Damaged					
ĸ				1		☑ Unknow	m		1				

Marie Labela maria tali andra maria da I kambarana da bada la sa						
Registered Aircraft Owner		City: SARASOTA				
Name: MULTI-AERO, INC.		- State: FL ZIP: 34238-2819				
Fractional Ownership Aircraft: O Yes O	No	Country: USA				
Operator of Aircraft	zistered Owner	Same Address as Registered Owner				
Name: MULTI-AERO, INC.		City: SAINT LOUIS				
Doing Business As: AIR CHOICE ONE		State: MO ZIP: 63128				
Air Carrier/Operator Designator (4 Characte	r Code): MUIA	Country: USA				
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted Und	Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)				
□ None □ Flag Carrier Operating Certificate (FAR 121) □ Supplemental □ Air Cargo □ Foreign Air Carriers (FAR 129)	OFAR 91 OFAR 129 OFAR 4 OFAR 103 OFAR 133 OFAR 4 OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4	31 O Non-Scheduled or Air Taxi O International 35				
☐ Rotorcraft External Load (FAR 133) ☐ Commuter Air Carrier (FAR 135)	OFAR 91 Special Flight ONon-US, Commercial	O Cargo O Mail Contract Only				
☐ On-Demand Air Taxi (FAR 135) ☐ Commercial Air Tour (FAR 136) ☐ Agricultural Aircraft (FAR 137)	O Non-US, Non-commercial O Public Aircraft (Select one)	Purpose of Flight for FAR 91, 103, 133, 137 (Select one)				
□ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Armed Forces	O Aerial Application				
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving				
O Yes   No	O Yes   No	<b>3</b> ( 1.1.)				
Airport Name: CHICAGO O'HARE IN						
Airport Identifier: KORD	I ERNATIONAL AIRCORT	Distance From Airport Center: 0 sm  Direction From Airport: 0 degrees true				
Proximity to Airport: O Off Airport/Airstri	p ②On Airport/Airstrip ON/A	Airport Elevation: 654 ft. msl				
Runway Information  Runway ID: N/A (L/R/C) Length: N  Runway/Landing Surface (Check all that all the state of	<i>apphy)</i> adam □ Water al/Wood	Condition of Runway/Landing Surface (Check all that apply)  Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Slush-Covered Vegetation				
Approach/Departure Segment (Select one	?)					
<ul> <li>⊙Taxi</li> <li>OVFR Departure</li> <li>OIFR Departure Pro</li> <li>OInitial Climb</li> </ul>	OOn Instrument Appending	proach ODownwind OLow Approach OBase OGo Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown				
IFR Approach (Check all that apply)		VFR Approach (Check all that apply) [7]None				
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ IL.S □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	□MLS □Practice □LDA □GPS □ASR □Visual □Contact □Circling □Unknown	☐ Traffic Pattern ☐ Stop and Go☐ Straight-In ☐ Touch and Go☐ Simulated Forced Landing☐ Go Around ☐ Forced Landing☐ Forced Landing☐ Precautionary Landing☐ ☐ Unknown☐				

"Flight Crewmember 1" Res							The second second	1950 Maria 1950	The state of the s	Hillian Salaman	eranali, ilineseanan
⊕ Pilot O Co-Pilot	O Student Pilot	OFlight I		O Check	Pilot	O Flight	t Engineer	O Other F	light Crew		
"Flight Crewmember 1" was		☑Yes □ N	lo		···		•				
"Flight Crewmember 1" Ide	ntification										
First Name: HOSAM		<del></del>	······		Ci	ity of Res	idence: Y	ONKERS			
Middle Initial: M					St	ate: NY		Z	IP: <u>10703</u>	-2417	
Last Name: ELARNAOUT	Υ	······································			C	ountry: _	USA				
Age at time of	Accident/Incide	nt: <u>58</u>	Date of	Birth;			mı	n/dd/yyyy			
		C	ertificate Nu	mber: _							
Degree of Injury	Seat Occup				Rest	raint Ty	pe		Ī	nflatable R	estraints
None	<ul><li>Left</li><li>Right</li></ul>	O Front O Rear	O Unkr	own	A	vailable		Used			
O Serious	O Center	O Real			1	ONone	<b>1</b>	O None	_	☑ Not Inst	
Pilot Certificate(s) (Check ali	that apply)	***************************************		***************************************	1	O Lap on  3-point		O Lap only O 3-point	′ l	☐ Installed ☐ Not Dep	
□ None		Commercial	□ us	Military		O 4-point	!	O 4-point		☐ Deploye	đ
☐ Private ☐ Recreat ☐ Student ☐ Sport		Airline Transpe Flight Enginee	ort 🔲 Fore	ign		O 5-point O Unkno		O 5-point O Unknow	m ]	Unknow	'n
☐ Student ☐ Sport	<u>u</u> .	rugui coginee	Į.		1	<b>•</b>		<b>Q</b>			
Principal Occupation N	ledical Certific	ate			Med	ical Cert	ificate Va	lidity	1	Date of Las	t Medical
	<del>-</del>	Class 3					itations/waiv		nknown		
- 1		) Driver's Lice ) Unknown	nse (Sport Pi	ot only)		ith limitati secial Issua	ions/waivers	O N	/A .	02/19/201 mm/dd/yy	
Medical Certificate Limitati		, O.I			1 00	7550		i	i_		,,,
MUST WEAR CORRECTIVE L											
MOG! WEAK COMICE! WE I	LNGLG										
Medical Certificate Special	Issuance										
N/A											
Date of Last Flight Review		Fligh	Review A	rcraft				·····			····
or Equivalent, Including FAR 121/135 Checks:	07/25/2015	Make:	CESSNA			•					
PAR 121/133 CHECKS:	mm/dd/yyyy	1	: C-208B								
Airplane Rating(s)	Other Aircra			ment Ra	Rating(s) Instructor Rating(s)						
(Check all that apply)	(Check all that d	~ ,		all that a		1	(Check all	01/			
None	None		□ Nor			i	☐ None		Ø	Instrument A	
☑ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		☑ Air			ł	☑ Airplan	e Single-Engi e Multi-Engin		Instrument I Helicopter	lelicopter
Multiengine Land	Glider			vered Lift		ŀ	Gyropla			Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					l	☐ Powered	i Lift		Sport	
	Powered Life	k				ì					
Type Ratings							Student E	ndorsemen	ts (Include o	lates)	
ATR-42 / ATR-72 SIC PRIVILE	EGES ONLY					1	N/A				
						l					
,											
	<del></del>		Airplane			rl	<del></del>			r	
Flight Time (Enter appropriate number of hours in each hox)	e All Aircraft	This Make & Model	Single Engine		plane iengine	Night	Actual	Simulated	Rotorerast	Glider	Lighter Than Air
Total Time	5,800	2,100	5,100		690	1,200	<del></del>	160	0	0	0
Pilot in Command (PIC)	4,200	1,200	3,90	_	120	1,000		160	0	0	0
Time as Instructor	2,100	0	2,10	)	70	200		0.	0	0	0
This Make/Model		246				- 0	<del></del>	0			
Last 90 Days	240	240	24		0	40	<del></del>	0	0	0	
Last 30 Days Last 24 Hours	80	80	8	<del>}   -</del>	0	10		0	0	0	
Last 24 figurs	, ,	, ,	1	·	U		, ,	, ,			, 0

"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 🔲	Yes 🛮 N	0					*			
"Flight Crewmember 2" Iden	tification										
First Name: AMANDEEP				City	of Reside	nce: GR	ENSBOR	0			
Middle Initial:					e: NC			P: 27407-5	583		
Last Name: SINGH					intry: US			. <u>21401-0</u>	000		
	ccident/Incident:	23	Date of Birt		muy. Os		dd/yyyy				
120 21 1114 41 11			ficate Numbe			.,,,,,	<i>,,,,,,</i>				
Degree of Injury	Seat Occupied	<del> </del>	Treate I valino		aint Type			1.	ıflatable Re	ctrainte	
None O Fatal	OLeft	OFront	OUnknow	.			J <b>sed</b>	**	KILANAVIC IZE	COLUMN 13 E	
O Minor O Unknown O Serious O Center O Single O None O Lap only							lled				
Pilot Certificate(s) (Check all	that apply)				3-point		O 3-point		Not Depl		
□ None □ Flight In		nmercial	US Mili		O 4-point O 5-point		O 4-point O 5-point		☐ Deployed ☐ Unknown		
☐ Private ☐ Recreati ☐ Student ☐ Sport		line Transport ght Engineer	f Foreign		O Unknow		<ul><li>Unknown</li></ul>	1	tal Chanows	-	
		· ·		<del></del>						N/ 11 1	
	ledical Certificate  None O C	e lass 3				icate Vali	•	known   D	ate of Last	Medical	
O Other	Class 1 OD		se (Sport Pilot o	only)   OW	ith limitatio ecial Issuar	ns/waivers	O N/		06/22/201 mm/dd/yyy	<del></del>	
Medical Certificate Limitati	<del></del>						<del></del>				
NONE											
HOUL						•					
Medical Certificate Special I N/A	ssuauce	•									
	···										
Date of Last Flight Review		Flight	Review Aire	aft							
or Equivalent, Including FAR 121/135 Checks:	06/27/2015	Make:	CESSNA		<del></del>						
	mm/dd/yyyy	Model:	C-208B								
Airplane Rating(s)	Other Aircraft I	O.,	Instrume	nt Rating(s)	ating(s) Instructor Rating(s)					*************	
(Check all that apply)	(Check all that app	oly)	1 '	that apply)	pply) (Check all that apply)						
☐ None ☑ Single-Engine Land	☑ None ☐ Airship		☐ None ☐ Airplar	le					instrument Ai Instrument He		
Single-Engine Sea	☐ Balloon		Helico				Multi-Engine		Helicopter	encopiei	
<ul> <li>✓ Multiengine Land</li> <li>✓ Multiengine Sea</li> </ul>	☐ Glider ☐ Gyroplane		Powere	d Lift		Gyroplan			Glider		
M Municipality Sea	☐ Helicopter		ŀ			Powered !	Litt	<b>.</b>	Sport		
	☐ Powered Lift									<del></del>	
Type Ratings					S	tudent En	dorsement	s (include do	nes)		
N/A					N	/A					
					1						
						T			T		
Flight Time (Enter appropria	e An	This Make	Airplane Single	Airplane		Inst	rument			Lighter	
number of hours in each box)	Aircraft	& Model	Single Engine	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air	
number of hours in each box) Total Time	Aircraft 591	& Model 22	Single Engine 493	Multiengine 98	55	Actual 67	Simulated 54	0	0	Than Air	
number of hours in each box)  Total Time  Pilot in Command (PIC)	Aircraft 591 201	& Model 22 0	Single Engine 493	Multiengine 98 94	55 19	Actual 67 15	Simulated 54 49	0	0	Than Air C	
number of hours in each box)  Total Time  Pilot in Command (PIC)  Time as Instructor	Aircraft 591	& Model 22	Single Engine 493	Multiengine 98	55 19 0	Actual 67 15 0	Simulated 54 49 0	0	0	Than Air	
number of hours in each box)  Total Time  Pilot in Command (PIC)  Time as Instructor  This Make/Model	Aircraft 591 201 0	& Modei 22 0 0	Single Engine 493 180	Muttiengine 98 94 0	55 19 0	Actual 67 15 0 2	Simulated 54 49 0 0	0 0 0	0 0 0	Than Air C	
number of hours in each box)  Total Time  Pilot in Command (PIC)  Time as Instructor	Aircraft 591 201	& Model 22 0	Single Engine 493	Multiengine 98 94	55 19 0	Actual 67 15 0	Simulated 54 49 0 0 0 0	0	0 0 0	Than Air C	

· · · · · · · · · · · · · · · · · · ·					SPESSALE (TEL)				
Crew Name and Addres	iš						Seat Occupied	1	Injury
First Name:		City of	Residen	ce:			O Left	OFront	O None
Middle Initial:	<del></del>	State: _		z	IP:		O Center O Right	O Rear O Single	O Minor O Serious
Last Name:		_ Country	y:				→ Kigik	OUnknown	O Fatal
									O Unknown
Pilot Certificate(s) (Che	ck all that apply)						Restraint Typ Available	e: Used	Inflatable
	Flight Instructor	Comm			Military		O None	O None	Restraints
	Recreational Sport	☐ Airline ☐ Flight			ign		O Lap Only	O Lap Only O 3-point	☐ Not Installed ☐ Installed
- Student	Sport Sport	- 111611(	CHERNO	·			O 3-point O 4-point	O 4-point	☐ Not Deployed
Type Rating/Endorsement for Total Flight Time at the Time						O 5-point	O 5-point	☐ Deployed ☐ Unknown	
Accident/Incident Airc	raft? □ Yes	□ No of	f this A	ccident/Incid	dent:	hrs	O Unknown	O Unknown	- Challown
NUMBER BERTEIL BERTEIN BERTEIN BERTEIN BERTEIL	шиненованаличного	nemarie en alore	narcasionya:	acemicaniani	minerasi picestone	Osco <del>lum</del> entates	нацининополичника		acedesia a constanta de constant
Crew Name and Addre	55						Seat Occupie	i	Injury
First Name:		City of	Residen	ce:			OLeft	O Front	O None
Middle Initial:		State: _		z	IP:		OCenter ORight	O Rear O Single	O Minor O Serious
Last Name:		Country	у:		74-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	-	- Angin	OUnknown	O Fatal
					·				O Unknown
Pilot Certificate(s) (Che	eck all that apply)						Restraint Typ Available	e: Used	Inflatable
	☐ Flight Instructor	Comm		-	Military		O None	O None	Restraints
☐ Private ☐ Student	☐ Recreational ☐ Sport	☐ Airline ☐ Flight	-	_	eign		O Lap Only	O Lap Only	☐ Not Installed ☐ Installed
La Student	LJ Sport		Ligitot	· · · · · · · · · · · · · · · · · · ·			O 3-point O 4-point	O 3-point O 4-point	☐ Not Deployed
Type Rating/Endorsen				ight Time at			O 5-point	O 5-point	Deployed
Accident/Incident Airc				ecident/Inci		hrs	O Unknown	O Unknown	☐ Unknown
1. 据为主义, 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.									
Matthetidenshipoweni stretionate be be be	Selver Secretary Francisco Secretario	househouse at wee	n richagh	or i supprimendan errotudham demikir	a in a community of the	entralise partir illi			
Name and Address	Someonis de Americana de	No. archaele e e e	en de commentant					Inflatable Restraints	
Name and Address			in the construction	Seat	Injury	Restraint 7		Inflatable	Age
Name and Address  First Name: LAURA	City : <u>FAIRF</u> E	ELD		Seat OLoft	Injury  ONone	Restraint 7 Available ONone	Type Used O None	Inflatable Restraints	Age
Name and Address  First Name: LAURA  Middle Initial:	City : <u>FAIRFE</u> State: <u>IA</u> 2	ELD ZIP: <u>52556</u>		Seat OLeft OCenter	Injury  None OMinor	Restraint 7 Available O None O Lap Only	Used O None O Lap Only	Inflatable Restraints    Not Installed   Installed	Age Under 5 years
Name and Address  First Name: LAURA	City : <u>FAIRFE</u> State: <u>IA</u> 2	ELD ZIP: <u>52556</u>		Seat OLoft	Injury  ONone	Restraint 7 Available ONone OLap Only O3-point O4-point	Used O None Lap Only O 3-point O 4-point	Inflatable Restraints  ☑ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed	Age Under 5 years  If Under 5,
Name and Address  First Name: LAURA  Middle Initial:  Last Name: COHEN	City : <u>FAIRFE</u> State: <u>IA</u>	ELD ZIP: <u>52556</u>		Seat OLeft OCenter ORight OUnknown	Injury  None  Minor OSerious	Restraint 7 Available ONone OLap Only O3-point O4-point O 5-point	Used O None C Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints  ☑ Not Installed ☐ Installed ☐ Not Deployee	Age Under 5 years  If Under 5, O Child Restraint O Lap-Held
Name and Address  First Name: LAURA  Middle Initial:	City : <u>FAIRFE</u> State: <u>IA</u> 2	ELD ZIP: <u>52556</u> A		Seat OLoft OCenter ORight	None OMinor OSerious OFatal	Restraint 7  Available O None © 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 ☐ Not Deployed ☐ Deployed	Age Under 5 years  If Under 5, O Child Restraint
Name and Address  First Name: LAURA  Middle Initial:  Last Name: COHEN	City: <u>FAIRFE</u> State: <u>JA</u> Country: <u>US</u>	ELD ZIP: <u>52556</u> A		Seat OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown	Restraint 7 Available ONone © Lap Only O3-point O4-point O5-point OUnknown Available	Used O None Lap Only O 3-point O 4-point O 5-point O Unknown Used	Inflatable Restraints  Not Installed Installed Deployed Unknown	Age Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address  First Name: LAURA  Middle Initial:  Last Name: COHEN  OCrew	City: FAIRFE State: IA 2 Country: US/ Passenger City: FAIRFE	ELD ZIP: <u>52556</u> A O Othe	er	Seat  OLeft OCenter ORight OUnknown Row:	None OMinor OSerious OFatal	Restraint 7 Available ONone © Lap Only O3-point O4-point O5-point OUnknowr Available ONone © Lap Only	Used O None C Lap Only O 3-point O 4-point O 5-point O Unknown Used O None C Lap Only	Inflatable Restraints  ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown  ☐ Not Installed ☐ Installed	Age Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years
Name and Address  First Name: LAURA  Middle Initial:  Last Name: COHEN  OCrew  First Name: MARK  Middle Initial: H	City: FAIRFE State: IA Country: US Passenger  City: FAIRFE State: IA	ELD  ZIP: 52556  A  O Othe  ELD  ZIP: 52556	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint 7 Available ONone © Lap Only O3-point O4-point O5-point OUnknowr Available ONone © Lap Only O3-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Installed Not Deploye	Age 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: LAURA Middle Initial: Last Name: COHEN  OCrew  First Name: MARK Middle Initial: H Last Name: COHEN	City: FAIRFE State: IA Country: US/ Passenger  City: FAIRFE State: IA Country: US/	ELD	er	Seat  OLeft OCenter ORight  OUnknown Row: OLeft OCenter ORight OUnknown	ONone OKinor OSerious OFatal OUnknown ONone OMinor	Restraint 7 Available ONone © Lap Only O3-point O4-point O5-point OUnknowr Available ONone © Lap Only	Used O None C 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  ☐ Not Installed ☐ Installed ☐ Not Deployed ☐ Deployed ☐ Unknown  ☐ Not Installed ☐ Installed	Age  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: LAURA  Middle Initial:  Last Name: COHEN  OCrew  First Name: MARK  Middle Initial: H	City: FAIRFE State: IA Country: US Passenger  City: FAIRFE State: IA	ELD  ZIP: 52556  A  O Othe  ELD  ZIP: 52556	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint 7  Available O None © Lap Only O3-point O4-point O5-point OUnknown  Available O None © Lap Only O3-point O4-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 4-point O 5-point O 5-point O 5-point	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Not Deployee	Age 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: LAURA  Middle Initial: Last Name: COHEN  OCrew  First Name: MARK  Middle Initial: H  Last Name: COHEN  OCrew	City: FAIRFE State: IA Country: USA  Passenger  City: FAIRFE State: IA Country: USA  Passenger	ELD 2IP: 52556 A Othe ELD ZIP: 52556 A Othe	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint 7 Available O None © Lap Only O3-point O4-point O5-point OUnknown Available O None © Lap 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 4-point O 5-point O 5-point O 5-point O Unknown Used	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Unknown Unknown Unknown Unknown Unknown	Age  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: LAURA  Middle Initial: Last Name: COHEN  OCrew  First Name: MARK  Middle Initial: H  Last Name: COHEN  OCrew  First Name: KATHLEEN	City: FAIRFE State: IA Country: USA Passenger  City: FAIRFE State: IA Country: USA Passenger  City: DANVI	ELD ZIP: 52556 A O Othe ELD ZIP: 52556 A O Othe	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	ONONE OMINOT OSETIOUS OFATAI OUNKNOWN ONONE OMINOT OSETIOUS OFATAI OUNKNOWN	Restraint 7 Available ONone © Lap Only O3-point O4-point O5-point OUnknowr Available ONone © Lap Only O3-point O4-point O5-point O4-point O5-point OUnknown	Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 5-point O Unknown Used O None	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Unknown  Not Deployed Unknown  Not Deployed Unknown	Age  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: LAURA  Middle Initial: Last Name: COHEN  OCrew  First Name: MARK  Middle Initial: H  Last Name: COHEN  OCrew  First Name: KATHLEEN  Middle Initial: M	City: FAIRFE State: JA  Country: USA  Passenger  City: FAIRFE State: JA  Country: USA  Passenger  City: DANVI State: JA	ELD  ZIP: 52556  A  O Othe  ELD  ZIP: 52556  A  O Othe  ILLE  ZIP: 52623	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row:	ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint 7  Available O None © Lap Only O3-point O 4-point O 5-point O Unknown  Available O None © Lap Only O3-point O 4-point O 5-point O Unknown  Available O None O Lap Only O3-point O 1-point O 1-point O 1-point O 1-point O 1-point	Used O None Lap Only O 3-point O 4-point O 5-point O Mone Used O None O Lap Only O 3-point O 4-point O 5-point O 5-point O 4-point O 5-point	Inflatable Restraints  Installed Installed Not Deployed Unknown  Installed	Age  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: LAURA  Middle Initial: Last Name: COHEN  OCrew  First Name: MARK  Middle Initial: H  Last Name: COHEN  OCrew  First Name: KATHLEEN	City: FAIRFE State: JA  Country: USA  Passenger  City: FAIRFE State: JA  Country: USA  Passenger  City: DANVI State: JA	ELD  ZIP: 52556  A  O Othe  ELD  ZIP: 52556  A  O Othe  ILLE  ZIP: 52623	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter OCenter	None     OMinor     OSerious     OFatal     OUnknown      None     OMinor     OSerious     OFatal     OUnknown      ONone     OMinor     OSerious     OFatal     OUnknown      ONone     OMinor     OSerious     OFatal	Restraint 7  Available ONone © Lap Only O3-point O4-point OUnknown  Available ONone © Lap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point	Used O None Lap Only O 3-point O 4-point O 5-point O None Used O None C Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 4-point O Lap Only O 3-point O 4-point O 3-point O 4-point O 4-point O 4-point O 4-point	Inflatable Restraints  Zinot Installed Installed Not Deployed Unknown  Zinot Installed Installed Installed Installed Unknown  Zinot Installed	Age  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: LAURA  Middle Initial: Last Name: COHEN  OCrew  First Name: MARK  Middle Initial: H  Last Name: COHEN  OCrew  First Name: KATHLEEN  Middle Initial: M	City: FAIRFE State: JA  Country: USA  Passenger  City: FAIRFE State: JA  Country: USA  Passenger  City: DANVI State: JA	ELD  ZIP: 52556  A  O Othe  ELD  ZIP: 52556  A  O Othe  ILLE  ZIP: 52623	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	ONONE OMINOR OMINOR OSERIOUS OFATAI OUNKNOWN OMINOR OSERIOUS OFATAI OUNKNOWN	Restraint 7  Available ONone © Lap Only O3-point O4-point OUnknown  Available ONone © Lap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O4-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 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point	Inflatable Restraints  Installed Installed Not Deployed Unknown  Installed	Age  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  Under 5 years
Name and Address  First Name: LAURA  Middle Initial: Last Name: COHEN  OCrew  First Name: MARK  Middle Initial: H  Last Name: COHEN  OCrew  First Name: KATHLEEN  Middle Initial: M  Last Name: KETCHAM  OCrew	City: FAIRFE State: JA  Country: USA  Passenger  City: FAIRFE State: JA  Country: USA  Passenger  City: DANVI State: JA  Country: USA  OPassenger	ELD  ZIP: 52556  A  O Othe  ELD  ZIP: 52556  A  O Othe  LLE  ZIP: 52623	er	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OConter ORight OConter ORight OUnknown	None     OMinor     OSerious     OFatal     OUnknown      None     OMinor     OSerious     OFatal     OUnknown      ONone     OMinor     OSerious     OFatal     OUnknown      ONone     OMinor     OSerious     OFatal	Restraint 7  Available ONone © Lap Only O3-point O4-point OUnknown  Available ONone © Lap Only O3-point O4-point O5-point OUnknown  Available ONone C Lap Only O3-point O4-point O5-point ONone OLap Only O3-point O4-point O4-point O4-point ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Lap Only O 3-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 4-point O 5-point O 4-point O 4-point O 4-point O 4-point O 5-point O 4-point O 4-point O 4-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 4-point O 5-point O 4-point O 4-point O 4-point O 5-point O 4-point O 5-point O 4-point O 4-point O 5-point	Inflatable Restraints  Zinot Installed Installed Not Deployed Unknown  Zinot Installed Installed Installed Installed Unknown  Zinot Installed	Age  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
Name and Address  First Name: LAURA Middle Initial: Last Name: COHEN OCrew  First Name: MARK Middle Initial: H Last Name: COHEN OCrew  First Name: KATHLEEN Middle Initial: M Last Name: KETCHAM OCrew  First Name: BRAD	City: FAIRFE State: IA Country: USA Passenger  City: FAIRFE State: IA Country: USA Passenger  City: DANVI State: IA Country: USA Country: USA Country: USA	ELD  ZIP: 52556  A  O Othe  ELD  ZIP: 52556  A  O Othe  ILLE  ZIP: 52623  A  O Othe	er	Seat  OLeft OCenter ORight  OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint 7  Available O None © Lap Only O3-point O4-point O5-point O None © Lap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point ONone O Lap Only O3-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point O5-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None Used O None O Lap Only O 3-point O 4-point	Inflatable Restraints  Zinot Installed Installed Not Deployed Unknown  Zinot Installed	Age  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: LAURA Middle Initial: Last Name: COHEN OCrew  First Name: MARK Middle Initial: H Last Name: COHEN OCrew  First Name: KATHLEEN Middle Initial: M Last Name: KETCHAM OCrew  First Name: BRAD Middle Initial:	City: FAIRFE State: IA Country: USA Passenger  City: FAIRFE State: IA Country: USA Passenger  City: DANVI State: IA Country: USA Country: USA Country: USA OPassenger  City: BURLI State: IA	ELD  ZIP: 52556  A  O Othe  ELD  ZIP: 52556  A  O Othe  ILLE  ZIP: 52623  A  O Othe  INGTON  ZIP: 52601	er	Seat  OLeft OCenter ORight  OUnknown Row: OLeft OCenter ORight  OUnknown Row: OLeft OCenter ORight	ONONE OMINOR OSERIOUS OFATAI OUNKNOWN ONONE OMINOR OSERIOUS OFATAI OUNKNOWN ONONE OMINOR ONONE OMINOR OFATAI OUNKNOWN	Restraint 7  Available ONone © Lap Only O3-point O4-point O5-point OUnknown  Available ONone © Lap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 4-point O 4-point O 5-point	Inflatable Restraints  Not Installed Installed Not Deployed Unknown  Not Installed	Age  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: LAURA Middle Initial: Last Name: COHEN OCrew  First Name: MARK Middle Initial: H Last Name: COHEN OCrew  First Name: KATHLEEN Middle Initial: M Last Name: KETCHAM OCrew  First Name: BRAD	City: FAIRFE State: IA Country: USA Passenger  City: FAIRFE State: IA Country: USA Passenger  City: DANVI State: IA Country: USA Country: USA Country: USA OPassenger  City: BURLI State: IA	ELD  ZIP: 52556  A  O Othe  ELD  ZIP: 52556  A  O Othe  ILLE  ZIP: 52623  A  O Othe  INGTON  ZIP: 52601	er	Seat  OLeft OCenter ORight  OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCENTER O	Injury  None OMinor OSerious OFatal OUnknown	Restraint 7  Available ONone © Lap Only O3-point O4-point O5-point ONone © Lap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point O5-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O Lap Only O 3-point 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 Unknown Used O None O Lap Only O 3-point O 4-point O Lap Only O 3-point O 4-point O None O Lap Only O 3-point O 4-point	Inflatable Restraints  Zinot Installed Installed Not Deployed Unknown  Zinot Installed	Age  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

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Crew Name and Address							Seat Occupies	.	Injury
First Name:		_ City o	of Residen	ce:			O Left	OFront	O None
Middle Initial:				z			O Center O Right	O Rear O Single	O Minor O Serious
Last Name:		Coun	try:				O Right	OUnknown	O Fatal
	<del>, , , , , , , , , , , , , , , , , , , </del>								O Unknown
Pilot Certificate(s) (Check	t all that apply)						Restraint Typ		Inflatable
None	Flight Instructor	Com		<b>□</b> US i	Military		Available O None	Used O None	Restraints
	Recreational Sport		ne Transpo it Enginee		ign		O Lap Only	O Lap Only	☐ Not Installed ☐ Installed
D GLOUDIN -	- Зрон		. Elgire	· · · · · · · · · · · · · · · · · · ·			O 3-point O 4-point	O 3-point O 4-point	☐ Not Deployed
Type Rating/Endorsemen	at for		Total F	ight Time at	the Time		O 5-point	O 5-point	☐ Deployed ☐ Unknown
Accident/Incident Aircraft?						hrs	O Unknown	O Unknown	- Ouknown
2022-1-1-012-1-0-1-1-0-1-1-1-1-1-1-1-1-1	ora urra disambin altar disposits s	ostalinda o jelikupita	en and an	and a selection of the second	inibicasjinibanron	anagaring kathalalangan	en i National announcement de la constant de la co	an(0809)(985)(985)	
Crew Name and Address	•						Seat Occupie	1	Injury
First Name:		_ City	of Residen	ce:			<b>Q</b> Left	OFront	O None
Middle Initial:				Z			O Center O Right	O Rear O Single	O Minor O Serious
Last Name:		Coun	try:				ORIgit	OUnknown	O Fatal
									O Unknown
Pilot Certificate(s) (Checi	k all that apply)						Restraint Typ	١.	Inflatable
	Flight Instructor		mercial		Military		Available O None	Used O None	Restraints
	Recreational Sport		ine Transp ht Enginee		ign		O Lap Only	O Lap Only	☐ Not Installed ☐ Installed
La student L	1 Sport	- Luk	ut Engage				O 3-point O 4-point	O 3-point O 4-point	Not Deployed
Type Rating/Endorseme		-		ight Time at		:	O 5-point	O 5-point	☐ Deployed
Accident/Incident Aircra				ceident/Inci		hrs	O Unknown	O Unknown	☐ Unknown
· 翻译写法 [1] [1] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4									
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		and the second s	perfection and the second					Inflatable	
Name and Address					Injury	Restraint T	уре		Age
				Seat	Injury			inflatable Restraints	Age
Name and Address		IGTON			Injury  ONone OMinor	Restraint T  Available  O None  O Lap Only	Vsed O None O Lap Only	Inflatable	Age
Name and Address  First Name: LINDSEY	City: <u>BURLIN</u> State: <u>IA</u> Z	IGTON CIP: <u>5260</u>	1	Seat OLeft OCenter ORight	Injury  None OMinor OSerious	Restraint T  Available O None O Lap Only O 3-point	Used O None O Lap Only O 3-point	Inflatable Restraints    Not Installed   Installed   Not Deployed	Age Under 5 years  If Under 5,
Name and Address  First Name: LINDSEY  Middle Initial:  Last Name: KLEINSCHMIC	City: <u>BURLIN</u> State: <u>IA</u> Z OT Country: <u>USA</u>	IGTON ZIP: <u>5260</u>	1	Seat  OLeft OCenter ORight OUnknown	Injury  ONone OMinor	Restraint T  Available ONone © Lap Only O3-point O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints  ☑ Not Installed ☐ Installed	Age Under 5 years  If Under 5, O Child Restraint
Name and Address  First Name: LINDSEY  Middle Initial:	City: <u>BURLIN</u> State: <u>IA</u> Z	IGTON CIP: <u>5260</u>	1	Seat OLeft OCenter ORight	Injury  None OMinor OSerious OFatal	Restraint I Available ONone © Lap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints  Not Installed Installed Not Deployed Deployed	Age Under 5 years  If Under 5,
Name and Address  First Name: LINDSEY  Middle Initial:  Last Name: KLEINSCHMIC	City: BURLIN State: IA Z OT Country: USA  Passenger	GTON ZIP: 5260	1	Seat  OLeft OCenter ORight OUnknown Row:	ONONE OMINOT OSCIOUS OFatal OUnknown	Restraint T  Available O None @Lap Only O3-point O4-point O5-point OUnknown  Available	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	Age Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address  First Name: LINDSEY  Middle Initial:  Last Name: KLEINSCHMID  OCrew  First Name: MARK	City: BURLIN State: JA Z OT Country: USA  Passenger  City: BURLIN	IGTON  ZIP: 5260  COUL	1	Seat  OLeft OCenter ORight OUnknown Row: OLeft	Injury  None OMinor OSerious OFatal OUnknown	Restraint T Available 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	Inflatable Restraints  Not Installed Installed Not Deployed Unknown	Age Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address  First Name: LINDSEY  Middle Initial: Last Name: KLEINSCHMIL  OCrew  First Name: MARK  Middle Initial: L	City: BURLIN State: IA Z OT Country: USA  Passenger  City: BURLIN State: IA 2	GTON  ZIP: 5260  OOII  NGTON  ZIP: 5260	1	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	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 Deployee	Age  Under 5 years  If Under 5,  O Child Restraint O Lap-Held O Unknown
Name and Address  First Name: LINDSEY  Middle Initial:  Last Name: KLEINSCHMID  OCrew  First Name: MARK	City: BURLIN State: JA Z OT Country: USA  Passenger  City: BURLIN	GTON  ZIP: 5260  OOII  NGTON  ZIP: 5260	1	Seat  OLeft OCenter ORight OUnknown Row:	ONONE OMINOT OSerious OFatal OUnknown  ONONE OMINOT OSerious OFatal	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-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 4-point	Inflatable Restraints  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Deployed	Age  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: LINDSEY  Middle Initial: Last Name: KLEINSCHMIL  OCrew  First Name: MARK  Middle Initial: L	City: BURLIN State: IA Z OT Country: USA  Passenger  City: BURLIN State: IA 2	GTON  ZIP: 5260  OOII  NGTON  ZIP: 5260	1 her	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	Used O None O Lap Only O 3-point O 5-point O Unknown  Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints  Not Installed Installed Deployed Unknown  Not Installed Installed Installed Not Deployee	Age  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: LINDSEY  Middle Initial: Last Name: KLEINSCHMIC  OCrew  First Name: MARK  Middle Initial: L  Last Name: WOODARD  OCrew	City: BURLIN State: JA Z OT Country: USA  Passenger  City: BURLIN State: JA Z Country: USA	GTON ZIP: 5260 A OOII  GTON ZIP: 5260	1 her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	ONONE OMINOT OSerious OFatal OUnknown  ONONE OMINOT OSerious OFatal	Restraint T  Available ONone © Lap Only O3-point O4-point O5-point OUnknown  Available ONone © Lap 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 None O Lap Only O 3-point O 4-point O 5-point O 5-point O Unknown Used Used	Inflatable Restraints  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Deployed	Age  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: LINDSEY Middle Initial: Last Name: KLEINSCHMIT OCrew  First Name: MARK Middle Initial: Last Name: WOODARD OCrew  First Name: ZOSIMA	City: BURLIN State: IA Z OT Country: USA  Passenger  City: BURLIN State: IA Z Country: USA  Passenger  City: BURLIN Country: USA	OOU  OOU  OOU  OOU  OOU  OOU  OOU  OOU	her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	ONONE OMINOT OSETIOUS OFatal OUNKNOWN OMINOT OSETIOUS OFatal OUNKNOWN OFATAL OUNKNOWN	Restraint T  Available ONone OLap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown  Available ONone	Used O None O Lap Only O 3-point O 4-point O 5-point O None O Lap Only O 3-point O 4-point O 5-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 5-point O Unknown Used O None	Inflatable Restraints  Not Installed Installed Other Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Deployed Unknown	Age  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: LINDSEY  Middle Initial: Last Name: KLEINSCHMID  OCrew  First Name: MARK  Middle Initial: L  Last Name: WOODARD  OCrew  First Name: ZOSIMA  Middle Initial: M	City: BURLIN State: JA Z  OT Country: USA  Passenger  City: BURLIN State: IA Z  Country: USA  Passenger  City: BURLIN State: IA Z	GTON ZIP: 5260 A OOII NGTON ZIP: 5260 A OOII NGTON ZIP: 5260	1 her	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight	ONONE OMINOT OSerious OFatal OUnknown OMinor OSerious OFatal OUnknown OFatal OUnknown	Restraint T  Available ONone © Lap Only O3-point O4-point O5-point OUnknown  Available ONone © Lap 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 None O Lap Only O 3-point O 4-point O 5-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 5-point O Unknown Used O None	Inflatable Restraints  Installed Installed Not Deployed Deployed Unknown  Installed Installed Installed Uncomplete Deployed Unknown  Installed Installed Installed Installed Installed Installed Installed	Age  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address  First Name: LINDSEY Middle Initial: Last Name: KLEINSCHMIT OCrew  First Name: MARK Middle Initial: Last Name: WOODARD OCrew  First Name: ZOSIMA	City: BURLIN State: JA Z  OT Country: USA  Passenger  City: BURLIN State: IA Z  Country: USA  Passenger  City: BURLIN State: IA Z	GTON ZIP: 5260 A OOII NGTON ZIP: 5260 A OOII NGTON ZIP: 5260	1 her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	O None O Minor O Serious O Fatal O Unknown O Minor O Serious O Fatal O Unknown O Minor O Serious O Fatal O Unknown	Restraint I  Available ONone ②Lap Only O3-point O4-point O5-point OUnknown  Available ONone ③Lap Only O3-point O4-point O4-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point	Used O None O Lap Only O 3-point O 5-point O Mone O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O None O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point O 4-point	Inflatable Restraints  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Deployed Unknown	Age  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: LINDSEY  Middle Initial: Last Name: KLEINSCHMID  OCrew  First Name: MARK  Middle Initial: L  Last Name: WOODARD  OCrew  First Name: ZOSIMA  Middle Initial: M	City: BURLIN State: JA Z  OT Country: USA  Passenger  City: BURLIN State: IA Z  Country: USA  Passenger  City: BURLIN State: IA Z	GTON ZIP: 5260 A OOII NGTON ZIP: 5260 A OOII NGTON ZIP: 5260	her	Seat  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OUnknown Row:  OLeft OCenter ORight OCenter ORight	O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown O Serious O Fatal O Unknown	Restraint I  Available ONone ②Lap Only O3-point O4-point O5-point OUnknown  Available ONone ③Lap Only O3-point O4-point O4-point OUnknown  Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Unknown  Installed Installed Unknown	Age  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 Unknown
Name and Address  First Name: LINDSEY Middle Initial: Last Name: KLEINSCHMIT OCrew  First Name: MARK Middle Initial: L Last Name: WOQDARD OCrew  First Name: ZOSIMA Middle Initial: M Last Name: WOQDARD OCrew	City: BURLIN State: JA Z  OT Country: USA  Passenger  City: BURLIN State: IA Z  Country: USA  Passenger  City: BURLIN State: IA Z  Country: USA  Passenger	OOI  OOI  OOI  OOI  OOI  OOI  OOI  OOI	her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OCenter ORight OCenter ORight OCenter ORight OUnknown	O None O Minor O Serious O Fatal O Unknown O Minor O Serious O Fatal O Unknown O Minor O Serious O Fatal O Unknown	Restraint T  Available ONone @Lap Only O3-point O4-point O5-point OUnknown  Available ONone @Lap 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 O4-point O5-point	Used O None O Lap Only O 3-point O 4-point O 5-point O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None Used O None O Lap Only O 3-point O 4-point O 5-point	Inflatable Restraints  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Not Deployed Unknown  Not Deployed Unknown	Age  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 years If Under 5 years If Under 5 years O Unknown
Name and Address  First Name: LINDSEY Middle Initial: Last Name: KLEINSCHMID OCrew  First Name: MARK Middle Initial: L Last Name: WOODARD OCrew  First Name: ZOSIMA Middle Initial: M Last Name: WOODARD OCrew  First Name: First Name: WOODARD OCrew  First Name: WOODARD	City: BURLIN State: IA Z OT Country: USA  Passenger  City: BURLIN State: IA Z Country: USA  Passenger  City: BURLIN State: IA Z Country: USA  Passenger  City: BURLIN State: IA Z Country: USA	GTON ZIP: 5260  A OOI  NGTON ZIP: 5260  A OOI  OOI	her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OCenter ORight OCenter ORight OCenter ORight OUnknown	O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown O Serious O Fatal O Unknown O Minor O Serious O Minor O Minor O Minor O Minor O Minor O Serious O Fatal O Unknown	Restraint T  Available ONone @Lap Only O3-point O4-point O5-point OUnknown  Available ONone @Lap Only O3-point O4-point O5-point OUnknown  Available ONone OLap 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 Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 4-point O None Used O None O Lap Only O 3-point O 4-point O Vised 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 4-point O 4-point O 5-point O 5-point O 4-point O 5-point O 5-point O 4-point O 5-point	Inflatable Restraints  Not Installed Installed Not Deployed Unknown  Not Installed Ins	Age  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 Unknown
Name and Address  First Name: LINDSEY  Middle Initial: Last Name: KLEINSCHMID  OCrew  First Name: MARK  Middle Initial: L  Last Name: WOODARD  OCrew  First Name: ZOSIMA  Middle Initial: M  Last Name: WOODARD  OCrew  First Name: MOODARD  OCrew  First Name: MOODARD  OCrew  First Name: MOODARD	City: BURLIN State: JA Z  OT Country: USA  OPassenger  City: BURLIN State: JA Z  Country: USA  OPassenger  City: BURLIN State: JA Z  Country: USA  OPassenger  City: BURLIN State: JA Z  Country: USA  OPassenger	AGTON CIP: 5260 AGTON ZIP: 5260 A COU	1 her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight	O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown O Serious O Fatal O Unknown O Minor O Serious O Minor O Serious O Fatal O Unknown	Restraint T  Available ONone ©Lap Only O3-point O4-point O5-point ONone ©Lap Only O3-point O4-point O5-point O4-point O5-point O4-point O5-point OUnknown  Available ONone OLap Only O3-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 Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None 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	Inflatable Restraints  Not Installed Installed Not Deployed Unknown  Not Installed Installed Installed Installed Installed Not Deployed Unknown  Not Deployed Unknown  Not Deployed Unknown  Not Deployed Installed	Age  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address  First Name: LINDSEY Middle Initial: Last Name: KLEINSCHMID OCrew  First Name: MARK Middle Initial: L Last Name: WOODARD OCrew  First Name: ZOSIMA Middle Initial: M Last Name: WOODARD OCrew  First Name: First Name: WOODARD OCrew  First Name: WOODARD	City: BURLIN State: JA Z  OT Country: USA  OPassenger  City: BURLIN State: JA Z  Country: USA  OPassenger  City: BURLIN State: JA Z  Country: USA  OPassenger  City: BURLIN State: JA Z  Country: USA  OPassenger	AGTON CIP: 5260 AGTON ZIP: 5260 A COU	1 her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	O None O Minor O Serious O Fatal O Unknown O Serious O Fatal O Unknown O Serious O Fatal O Unknown O Minor O Serious O Minor O Minor O Minor O Minor O Minor O Serious O Fatal O Unknown	Restraint T  Available O None	Used O None O Lap Only O 3-point O 4-point O 5-point O Lap Only O 3-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 4-point O 4-point O Hone O Lap Only O 3-point O 4-point O 4-point O 4-point O 4-point O 4-point O 4-point O 1-point	Inflatable Restraints  Not Installed Installed Not Deployed Unknown  Not Installed Ins	Age  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  Under 5, O Child Restraint O Lap-Held O Unknown
Name and Address  First Name: LINDSEY  Middle Initial: Last Name: KLEINSCHMID  OCrew  First Name: MARK  Middle Initial: L  Last Name: WOODARD  OCrew  First Name: ZOSIMA  Middle Initial: M  Last Name: WOODARD  OCrew  First Name: MOODARD  OCrew  First Name: MOODARD  OCrew  First Name: MOODARD	City: BURLIN State: JA Z  OT Country: USA  OPassenger  City: BURLIN State: JA Z  Country: USA  OPassenger  City: BURLIN State: JA Z  Country: USA  OPassenger  City: BURLIN State: JA Z  Country: USA  OPassenger	AGTON CIP: 5260 AGTON ZIP: 5260 A COU	her	Seat  OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OCenter ORight OCenter ORight	ONONE OMINOR OSerious OFatal OUnknown OMINOR OMINOR OSERIOUS OFAtal OUnknown OMINOR OMINOR OMINOR OMINOR OFATAL OUNKNOWN	Restraint T  Available ONone ©Lap Only O3-point O4-point O5-point ONone ©Lap Only O3-point O4-point O5-point OUnknown  Available ONone OLap Only O3-point O4-point	Used O None O Lap Only O 3-point O 4-point O 5-point O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 14-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 14-point O 15-point	Inflatable Restraints  Not Installed Installed Not Deployed Unknown  Not Installed Ins	Age  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  If Under 5, O Child Restraint O Lap-Held O Unknown  Under 5 years  Under 5, O Child Restraint O Lap-Held O Unknown

VAIGUALIANA									
Last Departure Point	Tim	e of Departure	Destinatio	on		Type Fligh	nt Plan Filed		
Airport ID: KORD	Time	: 14:37	Airport ID:	KBRL		O None	O VFR/IFR		
City: CHICAGO			City: BUF	RLINGTON		O Company O Military	y VFR O IFR VFR O Unknown		
State: IL	Time	Zone: CDT	State: IA			O VFR	VIX O Olikhowii		
Country: USA			Country: U	ISA		Activated?	<b>⊙</b> Yes		
Type of ATC Clearance/Se	ervice (Check all that	apply)							
□ VFR [	☐ Special VFR ☑ IFR	□ VF	cial IFR R On Top		☐ VFR Flight Foll ☐ Traffic Advisor		☐ Cruise ☐ Unknown / NA		
Airspace where the accide						<b>V</b> 200	Altitude of In-Flight		
	□ Class G □ Demo Area		itary Operations port Advisory A		☐ Special ☐ Air Traffic Cont	rol Area	Occurrence:		
Class C	Warning Area	☐ Jet '	Training Area		Unknown	ioi Aica	ft msl		
	☐ Prohibited Area ☐ Restricted Area	☐ TR:							
Source of Pilot Weather In		Shittish with resident the wife.	ild Sandidadada.		servation Facility				
(Check all that apply)	ioi mation			Facility ID: K	•	<i>(</i>			
☐ National Weather Service	☐ Com			—	ime: <u>14:43</u>		<del></del>		
☐ Flight Service Station ☐ TV/Radio	☐ Milit ☐ Inter			Time Zone: C			<del></del>		
☑ Automated Report	□ None	•			Accident Site: 0				
Commercial Weather Service	ce (DUATS) Unki	nown							
Basic Conditions		Light Condit	ion	Direction from	Accident Site: 0	<del> </del>	degrees true		
OVMC		ODawn	<b>Ö</b> Dusk	<b>○</b> Darl	k Night OU	nknown			
OIMC		<b>⊙</b> Day	ONight		tht Night				
<b>⊙</b> Unknown									
Sky/Lowest Cloud Condit		Ceiling	_		Temperature	27	(C) or(F)		
O Clear O Few	O Thin Broken O Thin Overcast	O None (Clear) O Broken		Obscured Indefinite	Dew Point: 2	2 <b>2</b> ((	C) or(F)		
O Partial Obscuration	OUnknown	O Overcast O Unknown							
Scattered		l			Altimeter Setting: 29.76 in. Hg				
Lowest Cloud Condition	~	Ceiling Heigh							
5,000	ft agl	9,000		ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility	2	miles		
☐ Variable	☐ Calm		☐ Not Gustin	ng	RVR: 0700V6000 feet				
-or-	☐ Light and Varia	able			RVV: miles				
Direction: 250 degrees tru	1 4 4	kts	-or- Speed: 45	kts	Density Altitude: ft				
Intensity of Precipitation	Type of Precipit	ation (Check all	·				Check all that apply)		
OLight	None		Freezin	no Rain	3				
@ Moderate	☑ Rain	Ice Pellets	☐ Snow S	Shower	☐ Blowing D	ust 🔲	Ground Fog		
O Heavy O N/A	□ Snow ☑ Hail	☐ Snow Pelle ☐ Snow Grain		lets Shower	☐ Blowing Sa		Haze Ice Fog		
OUnknown	Rain Showers	☐ Ice Crystal:		e Diazio	☐ Blowing S	pray 🔲	Smoke		
					☐ Dust	Ø	Unknown		
Icing Forecast Amount Type		Icing Actual Amount	Туре		Turbulence	الماء معاملات	Canada.		
O None O N/A		● None	Ø N/A		Type (Check of None	uu inai appiy)	Severity  Light		
O Trace O Rime		O Trace	O Rim		☐ Clear Air ☐ Terrain-Inc	d	Moderate		
O Light O Clear O Moderate O Mixe		O Moderate	O Clea O Mix		Convective		□Severe □Extreme		
O Severe O Unkn	nwon	O Severe O Unknown	O Unk	nown					
					1				
NOTAMs (D and FDC)	, AIRMETs, SIG	METs, PIREP	's in effect at	the time of t	he accident/inc	ident:			
N/A									
					•				
1									

	TREFERENCE SEE									
Airer	aft Damage	Aircraft Fire		Aircraft Explosio	a .					
O No O Mi		None     In-Flight     On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	None     In-Flight     On-Ground	O Both Ground and In-Flight O Explosion at Unknown Time O Unknown					
Desci	iption of Damage to Aircraft	and Other Property	(Use additional sheet if necessary)							
and to	The left wing was damaged from the flaps on outboard to the wingtip to where it was bent up. Damage occurred on both the leading, mid, and trailing edges of the wing also damaging the allerons. The propeller struck the ground damaging all three of its blades. There was no damage to other property.									
Desc	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.									
Air Ti 28R	raffic Control (ATC) instructed	d them to take taxiw er traffic pass. It wa	R) at 14:10 to taxi to runway 22L way D to runway 22L, but upon am is at this time, 14:37, that a storm its left wing.	ival requested that	they move themselves into the					
leadi alert	ng, mid, and trailing edge jus s on field. The aircraft returne	it past the flaps. At t ed to its normal stan	lades causing damage and dama the time of the damage there were ce after the wind subsided and the dio to check over the aircraft.	numerous reports	of windshear and microburst					
eme	The airport rescue services responded to the aircraft but were not needed. All passengers deplaned under their own power with no emergency evacuation and were taken back to the terminal via a shuttle. After the aircraft was reviewed it was towed to the gate and then subsequently to another location on field for further review.									

		THE STATE OF THE S					
Operator/Owner Safety Recomme	ndation						
Identify visual signs of hazardor area.	us weather	or incoming hazar	dous weathe	er prior to	boarding the	aircraft and taxii	ng from the gate/termina
arob.							
	_						
andaraning dari akang ang kalang ang kalang Takan 1 mang ang ang ang ang ang ang ang ang ang	, postal and the second se		Kalenda page Garananda				
Was there Mechanical Malfunct			scribe the failur	e.)			Total Time/Cycles On Part
N/A				,			N/A Hours
1.01							N/A Cycles
							Time Since This Part Inspected/Overhaule
							N/A Hours
Fuel on Board at Last Takeoff		Fuel Type					
(Convert from pounds, as necessary)	<b></b>	O 80/87 O 100 Low Lead	O 115/145 O Jet A		O Jet B O JP8	O Other, specify	
	Gailons	O 100/130	O Jet A-1		O Automotive		
Other Services, if Any, Prior to	nebatture						
	·						
Was an emergency evacuation				☑ No		STATE OF THE PARTY	-eachteirinn - achteirine eachteirinn mar
Method of Exit - Describe how					ed each location		
							•
Buryanna an	- 10 G to 18 100 11 10 4		Phoenic Postacionaria	March de Secretario	ne se se se super del conservamente	·-Tipatishingspressurated	WE DESCRIPTION OF THE PROPERTY
							Damage to Other Aircraft
Aircraft Registration Number		urer:			· · · · · · · · · · · · · · · · · · ·		☐ Destroyed ☐ Minor
Registered Owner of Other Air				Pilot of	Other Aircraft		☐ Substantial ☐ None
Name:				Name:			
City: State: ZIP:				Catv:		ZIP:	
				Country	r:	LIF:	•

Use this space if additional space i	s needed for any answers.		
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gapparamentary pagament di bili bili bahan di seri.		ori Craggiana ori seperangenta perangenta pankanan merenanganjan Labaratan sebesah	
	Pilot/Operator: MULTJ-AERO, INC DBA		er i mait overes esse esse est en mais de la companya de la companya de la companya de la companya de la compa
08/10/2015 Signature	Er Shane	Storz	
mm/dd/yyyy or	neck here to electronically sign this		
If a Person Other than Pilot/Op			
Į	_	TEVAL.	
	· · · · · · · · · · · · · · · · · · ·	Title:	
	electronically sign this document		
NTSB Accident/Incident No. CEN15LA334	Reviewed by NTSB Regional Office DENVER, COLORADO	Name of Investigator TOM LATSON	Date Report Received